

24 August 2020

Deborah Powell
RDA

Via email: secretary@nZRDA.org.nz



100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

Dear Deborah

Official Information Act Request – OIA 13016 RMO Medical Year Date Change

On 27 July 2020, under section 12 of the Official Information Act, you requested the following information from Whanganui District Health Board (WDHB):

1. All and any correspondence held by Whanganui District Health Board pertaining to movement of the RMO medical year on a permanent basis since 1st of January 2020.

Whanganui District Health Boards response:

All and any correspondence held by Whanganui District Health Board pertaining to movement of the RMO medical year on a permanent basis since 1st of January 2020.

Is attached.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at anne.phoenix@wdhb.org.nz

Yours sincerely



Russell Simpson
Chief Executive

Louise Torr

From: Honey Pillai
Sent: Thursday, 23 July 2020 1:22 PM
To: Trainee Interns
Cc: Louise Torr
Subject: FW: Decision to change Q1 start date and interim arrangements
Attachments: RMO Rotations Final Decision Document 20 July 2020.pdf

Good afternoon

Attached please find a copy of the RMO Rotations Final decision document. The key information included is

The change of rotation dates will be implemented for the 2021 RMO training year

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Q4 will commence on 21 September.

If you have any questions or specific concerns please do not hesitate to give any of the team a call.

tēnā koe – many thanks

Honey

Honey Pillai | Medical Recruitment Advisor-RMOs | Whanganui District Health Board
ddi 06 348 8989 | extn 8989 | m 022 529 4094 | [www.wdwb.org.nz]www.wdwb.org.nz

'Better health and independence'

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Louise Torr

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ngā mihi nui - kind regards
Louise

Louise Torr | Business Manager Medical Management Unit | Whanganui District Health Board
ddi 06 348 3234 | extn 8234 | m 027 481 9449 | www.wdhub.org.nz

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From: Louise Torr
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Cc: Lisa Flood; Honey Pillai
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Louise Torr

From: Terina Davis (NRA) <Terina.Davis@nra.health.nz>
Sent: Tuesday, 21 July 2020 2:50 PM
To: (natalie.atkinson@tdh.org.nz); Adrienne Whelan; Andrea Coxhead ; Barbara Cook (barbara.cook@westcoastdhd.health.nz); Bernadine MCGruddy WAIRARAPA; Bronwyn Hamilton (Bronwyn.hamilton@huttvalleydhd.org.nz); Charles Hunt <charles.hunt@tdhd.org.nz>; Christine Wood (MCDHB); DHB (rmount@hbdhd.govt.nz); Donna Addidle; Hawkes bay RMO Unit; Honey Pillai; Jackie Sewell ; Jacqui Mabin; Jan Simeon (jan.simeon@bopdhd.govt.nz); Julie Gibbs LAKES; Karen Schaab; Loretta Matheson (loretta.matheson@nmhs.govt.nz); Louise Torr; Manda Challenger; michelle.deacon@hbdhd.govt.nz; Penny Barlow; Penny Blackley; Rhonda Skilling; RMOsupportservice@waikatodhd.health.nz ; Susan Andrews [CCDHB]; Tina Harrop (NDHB); Vicki Harman; Daisy Hunter (NRA); Heather Rawiri (NRA); Bridget Laycock (NRA); Shikhia Ngatai (Shikhia.Ngatai@tas.health.nz); Aaron Crawford; 'Sally McLean'
Subject: FW: All DHBs – Information – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES
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You will no doubt each be planning for how to manage the transition in your individual DHBs. There are many variables and moving parts and the RMO Units will have a significant role in operationalising this change.

To support this, we intend to pull forward the regular National RMO Coordinator/Manager Zoom meeting schedule for next Thursday 30/07 to this Thursday 23/07. The purpose of this will be to have a further group discussion on considerations for the transition.

It would be great if in advance of this meeting you could send through any thoughts or questions regarding the transition and what needs to be considered. Please send these through to Rhonda or I. We will then make sure we cover on Thursday on the zoom.

So you are aware there are also transition discussions scheduled in the coming weeks as follows.

- Meeting with NZMSA, STONZ and NZRDA - Thursday 30th July
 - To include CE, CMO, TAS , Union and NZMSA reps.
 - Rhonda and I will be joining from an RMO Unit perspective.
- Rhonda and Terina to meet with MCNZ – Friday 31 July
 - Focus will be discussing timeframes for registration and RMO start dates, in particular PGY 1

The information collated from your queries and the discussion this Thursday will help inform above stakeholder meetings. We will also collate into a high level plan/timeframe and FAQs to ensure we are consistent in our approach to the transition wherever possible.

Hopefully you can all join this Thursday. Rhonda and I look forward to receiving your queries in advance of the meeting.

Terina Davis

Portfolio Manager Workforce Operations
Northern Regional Alliance Limited
PO Box 112147, Penrose, Auckland 1642
| MOB: 021 243 0980 | FAX: 09 579 1433



**Northern
Regional Alliance**
He Hononga o te Raki

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From: 20 DHB National Office [mailto:ALLDHBS@tas.health.nz]
Sent: Monday, 20 July 2020 4:18 p.m.
To: O365.DHB - CEOs
Cc: O365.DHB - CMOs; O365.DHB - GMs Human Resources; O365.DHB - RMO Unit Managers & Coordinators; O365.DHB - CEO EAs; O365.DLIST.DHBSS_ER_Specialists.TAS; o365.TAS – Workforce Team; O365.Regional Directors of Workforce Development
Subject: All DHBs – Information – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

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To: 20 DHB Chief Executives

Cc: 20 DHB CMOs
20 DHB GMsHR
20 DHB RMO Unit Managers & Coordinators
20 DHB CEO EAs
TAS ER and Workforce Teams

From: Peter Bramley – Lead CE RMO Workforce

Dear Colleagues

Thank you for your prompt responses confirming your support for the changes to the RMO Rotation dates from 2021. I will now advise the key stakeholders that you have endorsed the decisions that they were advised of on Friday and provide them with a copy of the attached Decision Document. This will be sent out to key stakeholders shortly, and subsequently made available on the TAS website. The key stakeholders are:

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We will also advise The Association of Salaried Medical Specialists (ASMS) who did not make a submission on the Consultation Document.

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RMO Unit Managers will now work on planning for the transition in each DHB and I have invited the NZRDA, STONZ and the NZMSA to meet to set up the necessary arrangements for the transition. I will continue to liaise with the key stakeholders to ensure that any issues that arise are promptly addressed.

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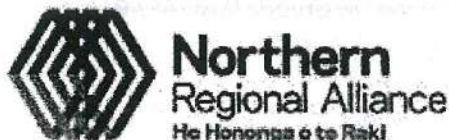
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From: Nadine Mackintosh
Sent: Friday, 17 July 2020 12:32 PM
To: Honey Pillai; Louise Torr
Subject: FW: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES
Attachments: 2020 07 17 RMO Training year dates 2021 Decision Document.pdf
Importance: High

From: Andrew McKinnon <Andrew.McKinnon@wdhb.org.nz>
Sent: Friday, 17 July 2020 10:20 AM
To: AllDHBs@tas.health.nz
Cc: Russell Simpson <Russell.Simpson@wdhb.org.nz>
Subject: FW: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES
Importance: High

Kia ora

On behalf of Russell Simpson and Whanganui DHB, we confirm our support for the proposed changes.

Regards
Andrew McKinnon
(Acting CE)

From: Nadine Mackintosh <Nadine.Mackintosh@wdhb.org.nz>
Sent: Thursday, 16 July 2020 3:49 PM
To: Andrew McKinnon <Andrew.McKinnon@wdhb.org.nz>
Cc: Hentie Cilliers <Hentie.Cilliers@wdhb.org.nz>; Louise Torr <Louise.Torr@wdhb.org.nz>
Subject: FW: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES
Importance: High

Hi Andrew

Hentie and Louise will be able to provide advice on your endorsement.

Regards
Nadine

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20 DHB COOs
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TAS ER and Workforce Teams

From: Peter Bramley – Lead CE RMO Workforce

Dear Colleagues

Further to my update at last week's Chief Executive meeting, please find attached a copy of the proposed decision document for your endorsement.

The document summarises the submissions received in response to the proposal. The majority of submissions were in support of the proposed change.

In response to feedback, a minor amendment to the new rotation dates is proposed. It is also proposed that this year's cohort of Trainee Interns who accept a DHB position through the ACE process are offered the option of an 'early' start on the original 30 November 2020 date. As well as addressing the key concern around potential financial disadvantage for this group from the later start, it addresses a number of other issues around the transition to the new RMO training year. In terms of transition, it is proposed that the current Quarter 3 rotation date is pushed back 4 weeks to mid-September 2020.

The proposed decisions are as follows:

Training Year Dates

- The change of rotation dates will be implemented for the 2021 RMO Training Year
- The proposed dates for House Officer rotations will be as per the proposal, namely
 - Quarter 1 – Monday, 18 January 2021 to Sunday, 18 April 2021 (13 weeks)
 - Quarter 2 – Monday, 19 April 2021 to Sunday, 18 July 2021 (13 weeks)
 - Quarter 3 – Monday, 19 July 2021 to Sunday, 17 October 2021 (13 weeks)
 - Quarter 4 – Monday, 18 October 2021 to Sunday, 16 January 2022 (13 weeks)
- The proposed dates for Registrar rotations will be amended to re-establish a two-week gap between House Officer and Registrar starts, and to fully align to the Australian dates. The amended dates for Registrars will be:
 - First Half – Monday, 1 February 2021 to Sunday, 1 August 2021 (26 weeks)
 - Second Half – Monday, 2 August 2021 to Sunday, 30 January 2022 (26 weeks)

Financial impact on graduating medical students

- As a one-off transitional mitigation; and
- Providing the usual pre-employment requirements are satisfied; then
- Medical students graduating in 2020 will be able to elect to commence DHB employment on the earlier date of 30 November 2020, with their first quarter run aligning to the new dates.

Certainty of RMO staffing over the transition period

- RMO Units and Services will engage with their current RMOs to confirm their intentions around leave and employment over the 2020/21 Christmas/New Year period.

Timing of Registrar rotation relative to RACP Written Examination

- The DHBs acknowledge the concerns of RACP trainees and will work with those sitting the 2021 exam to ensure that they are supported in their pre-exam study

Impact on GPEP1 2021 intake

- The DHBs will work with the RNZCGP to ensure these transitional issues can be managed with least disruption to RMO training.

Balance of the 2020 RMO training year

- Current House Office Quarter 3 rotations will continue to 20 September 2020; and
- House Officer Quarter 4 rotations will run from Monday, 21 September 2020 to Sunday, 17 January 2021

It remains the case that the sooner we can confirm these decisions, the more time and certainty we can give our current and prospective RMO workforce to adjust to this change. Accordingly, I would appreciate if you can **confirm your support for this change by email to AIDHBs@tas.health.nz by midday tomorrow** (Friday, 17 July 2020)

Concurrently to this email, I will be advising the NZRDA, STONZ and NZ Medical Students Association (NZMSA), and separately the Council of Medical Colleges, NZ Medical Council, Ministry of Health and the Auckland and Otago Universities Medical School Deans of the decisions that you are being asked to endorse.

There will need to be ongoing work to ensure the transition to the new dates is well managed and any issues that arise can be promptly addressed. To this end I have proposed to the NZRDA, STONZ and the NZMSA that we meet to set up the necessary arrangements.

Ngā mihi

Peter Bramley
Lead CE RMO Workforce

Louise Torr

From: Kathryn Cook <Kathryn.Cook@midcentraldhb.govt.nz>
Sent: Friday, 17 July 2020 10:44 AM
To: 20 DHB National Office
Cc: O365.DHB - CEOs; O365.DHB - CMOs; O365.DHB - COOs; O365.DHB - GMs Human Resources; O365.DHB - RMO Unit Managers & Coordinators; O365.DHB - CEO EAs; O365.DLIST.DHBSS_ER_Specialists.TAS; o365.TAS – Workforce Team
Subject: Re: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

CAUTION: This email originated from outside TAS. Please only click on links or open attachments if you are confident the sender is genuine and know the content is safe

MidCentral DHB supports.

Sent from my iPhone

On 16/07/2020, at 3:06 PM, 20 DHB National Office <ALLDHBS@tas.health.nz> wrote:

All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

To: 20 DHB Chief Executives

Cc: 20 DHB CMOs

20 DHB COOs

20 DHB GMsHR

20 DHB RMO Unit Managers & Co-ordinators

20 DHB CEO EAs

TAS ER and Workforce Teams

From: Peter Bramley – Lead CE RMO Workforce

Dear Colleagues

Further to my update at last week's Chief Executive meeting, please find attached a copy of the proposed decision document for your endorsement.

The document summarises the submissions received in response to the proposal. The majority of submissions were in support of the proposed change.

In response to feedback, a minor amendment to the new rotation dates is proposed. It is also proposed that this year's cohort of Trainee Interns who accept a DHB position through the ACE process are offered the option of an 'early' start on the original 30 November 2020 date. As well as addressing the key concern around potential financial disadvantage for this group from the later start, it addresses a number of other issues around the transition to the new RMO training year. In terms of transition, it is proposed that the current Quarter 3 rotation date is pushed back 4 weeks to mid-September 2020.

The proposed decisions are as follows:

Training Year Dates

- * The change of rotation dates will be implemented for the 2021 RMO Training Year

- * The proposed dates for House Officer rotations will be as per the proposal, namely
 - * Quarter 1 – Monday, 18 January 2021 to Sunday, 18 April 2021 (13 weeks)
 - * Quarter 2 – Monday, 19 April 2021 to Sunday, 18 July 2021 (13 weeks)
 - * Quarter 3 – Monday, 19 July 2021 to Sunday, 17 October 2021 (13 weeks)
 - * Quarter 4 – Monday, 18 October 2021 to Sunday, 16 January 2022 (13 weeks)

- * The proposed dates for Registrar rotations will be amended to re-establish a two-week gap between House Officer and Registrar starts, and to fully align to the Australian dates. The amended dates for Registrars will be:
 - * First Half – Monday, 1 February 2021 to Sunday, 1 August 2021 (26 weeks)
 - * Second Half – Monday, 2 August 2021 to Sunday, 30 January 2022 (26 weeks)

Financial impact on graduating medical students

- As a one-off transitional mitigation; and
- Providing the usual pre-employment requirements are satisfied; then
- Medical students graduating in 2020 will be able to elect to commence DHB employment on the earlier date of 30 November 2020, with their first quarter run aligning to the new dates.

Certainty of RMO staffing over the transition period

- RMO Units and Services will engage with their current RMOs to confirm their intentions around leave and employment over the 2020/21 Christmas/New Year period.

Timing of Registrar rotation relative to RACP Written Examination

- The DHBs acknowledge the concerns of RACP trainees and will work with those sitting the 2021 exam to ensure that they are supported in their pre-exam study

Impact on GPEP1 2021 intake

- The DHBs will work with the RNZCGP to ensure these transitional issues can be managed with least disruption to RMO training.

Balance of the 2020 RMO training year

- Current House Office Quarter 3 rotations will continue to 20 September 2020; and
- House Officer Quarter 4 rotations will run from Monday, 21 September 2020 to Sunday, 17 January 2021

It remains the case that the sooner we can confirm these decisions, the more time and certainty we can give our current and prospective RMO workforce to adjust to this change. Accordingly, I would appreciate if you can confirm your support for this change by email to AllDHBs@tas.health.nz by midday tomorrow (Friday, 17 July 2020)

Concurrently to this email, I will be advising the NZRDA, STONZ and NZ Medical Students Association (NZMSA), and separately the Council of Medical Colleges, NZ Medical Council, Ministry of Health and the Auckland and Otago Universities Medical School Deans of the decisions that you are being asked to endorse.

There will need to be ongoing work to ensure the transition to the new dates is well managed and any issues that arise can be promptly addressed. To this end I have proposed to the NZRDA, STONZ and the NZMSA that we meet to set up the necessary arrangements.

Ngā mihi

Peter Bramley
 Lead CE RMO Workforce
 <2020 07 17 RMO Training year dates 2021 Decision Document.pdf>

#####

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MidCentral District Health Board does not accept any liability in respect of any virus which is not detected.

This e-mail message has been scanned and cleared by MailMarshal

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Louise Torr

From: Ian Murphy
Sent: Thursday, 16 July 2020 5:20 PM
To: Hentie Cilliers; Andrew McKinnon
Cc: Nadine Mackintosh; Louise Torr
Subject: RE: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

Hi All,

Louise and I have discussed this at length as have the CMOs nationwide. I can't remember the specifics of what option (there were a few around the technical detail of the change of dates) we favoured but we were in support of the concept generally.

The biggest fish hook is the effect on 6th year medical students (Trainee Interns) who are paid (via an MoE grant) for their work as 6th yr medical student. They have normally finished their 6th year on a Friday and literally started work on the Monday as 1st year RMOs so no loss of grant/ salary/ wage.

This proposed approach sees them with a 6-8 week gap without income which they didn't want but I read that it has been agreed by DHBs to fund this gap, so they effectively start 'early'. So for us it will perhaps mean as much as 8 PGY1 RMOs x 6-8 weeks of salary if we have a double up in staffing over this time but I expect that some current RMOs will want to leave and have a holiday and this will offset the funding of the gap. Also not all medical students will want to start early I suspect when they could have a Xmas/ NY off.

The second biggest fish hook is that we don't know who of our current doctors will still want to finish in late Nov/ early Dec and so we might need a few of the exiting medical students to start early anyway. At worst we might face some staffing gaps for which we need to locum cover.

We won't know this until its agreed and we can get on and discuss with the RMOs/ Med Students concerned. (All this is largely covered in the key points below I would note)

All this aside, we support the move in general and I would recommend we endorse. I am comfortable I speak for Louise as well.

Thanks
Ian

Dr Ian Murphy | Chief Medical Officer | Whanganui District Health Board
m 021 396 540 | www.wdwb.org.nz

*'Better health and independence'
'He hauora pai ake, he rangatiratanga'*



From: Hentie Cilliers <Hentie.Cilliers@wdwb.org.nz>
Sent: Thursday, 16 July 2020 4:51 PM
To: Andrew McKinnon <Andrew.McKinnon@wdwb.org.nz>
Cc: Nadine Mackintosh <Nadine.Mackintosh@wdwb.org.nz>; Louise Torr <Louise.Torr@wdwb.org.nz>; Ian Murphy <Ian.Murphy@wdwb.org.nz>
Subject: Re: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

Hi Andrew

Ian's input and comments are required and perhaps Lisa and Honey given that Louise is on leave - I have copied him into my response

As far as I am aware we supported the original proposal

The biggest concerns is probably the potential impact of the option to start earlier or at the proposed later date - I am not sure what the implications will be on service delivery/coverage etc.

RMO / SMO cover is specifically difficulty given COVID and international travel arrangements

Our commitment is for 8 PGY 1s

Hentie Cilliers
Manager People and Culture
Whanganui DHB
Office: 06 348 3409
Mobile: 0274 900 307

From: Andrew McKinnon <Andrew.McKinnon@wdhb.org.nz>
Sent: Thursday, July 16, 2020 4:36 PM
To: Hentie Cilliers <Hentie.Cilliers@wdhb.org.nz>
Cc: Nadine Mackintosh <Nadine.Mackintosh@wdhb.org.nz>; Louise Torr <Louise.Torr@wdhb.org.nz>
Subject: FW: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

Hi Hentie

Please can you provide your thoughts on the proposal. My thoughts after reading it are that it makes sense – both in terms of dates and providing transitional financial support through early employment – and I am happy to endorse it.

But are there any fish hooks that I have missed. I see that Louise is away from the office until next week, so we will have to make a decision without her input

Regards
Andrew

From: Nadine Mackintosh <Nadine.Mackintosh@wdhb.org.nz>
Sent: Thursday, 16 July 2020 3:49 PM
To: Andrew McKinnon <Andrew.McKinnon@wdhb.org.nz>
Cc: Hentie Cilliers <Hentie.Cilliers@wdhb.org.nz>; Louise Torr <Louise.Torr@wdhb.org.nz>
Subject: FW: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES
Importance: High

Hi Andrew

Hentie and Louise will be able to provide advice on your endorsement.

Regards
Nadine

From: 20 DHB National Office <ALLDHBS@tas.health.nz>
Sent: Thursday, 16 July 2020 3:07 PM
To: O365.DHB - CEOs <DHB-CEOs@tas.health.nz>
Cc: O365.DHB - CMOs <DHB-CMOs@tas.health.nz>; O365.DHB - COOs <DHB-COOs@tas.health.nz>; O365.DHB - GMs Human Resources <DHB-GMsHumanResources@tas.health.nz>; O365.DHB - RMO Unit Managers &

Coordinators <DHB-RMOUnitManagersCoordinators@tas.health.nz>; O365.DHB - CEO EAs <DHB-CEOPAs@tas.health.nz>; O365.DLIST.DHBSS_ER_Specialists.TAS <DLIST.DHBSS_ER_Specialists.TAS@tas.health.nz>; o365.TAS – Workforce Team <DHBSS.WorkforceTeam@tas.health.nz>

Subject: All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

Importance: High

All DHBs – URGENT DECISION – DECISION DOCUMENT ON RMO ROTATION DATE CHANGES

To: 20 DHB Chief Executives

Cc: 20 DHB CMOs
20 DHB COOs
20 DHB GMsHR
20 DHB RMO Unit Managers & Co-ordinators
20 DHB CEO EAs
TAS ER and Workforce Teams

From: Peter Bramley – Lead CE RMO Workforce

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Ngā mihi

Peter Bramley
Lead CE RMO Workforce

Louise Torr

From: Rhonda Skilling <Rhonda.Skilling@southerndhb.govt.nz>
Sent: Monday, 13 July 2020 10:51 AM
To: Tina Harrop (NDHB); Terina Davis (NRA); Andrea Coxhead ; Jan Simeon (jan.simeon@bopdhb.govt.nz); Julie Gibbs LAKES; (natalie.atkinson@tdh.org.nz); Charles Hunt <charles.hunt@tdhb.org.nz>; Jackie Sewell ; 'Jacqui Mabin'; Louise Torr; Christine Wood (MCDHB); Bernadine MCGruddy WAIRARAPA; 'Susan.Andrews@ccdhb.org.nz'; Loretta Matheson; 'Barbara Cook'; Manda Challenger; Penny Barlow (pbarlow@scdhb.health.nz); Heather Rawiri (NRA); Bronwyn Hamilton [HVDHB]; Manda Challenger
Cc: Aaron Crawford; Shikhia Ngatai (TAS); Sally McLean
Subject: RE: Proposed Change to RMO Rotation Dates - Advice on Transitional Phase
Attachments: Proposed Change to Resident Medical Officer Rotation Dates from 2021.docx

Hi everyone

As discussed previously, please note the attached document that was forwarded to TAS last week outlining the RMO Unit Managers feedback regarding the transitional phase of the proposal to change RMO Rotation dates.

Regards
Rhonda

Kind – Manaakitanga | Open – Pono | Positive – Whaiwhakaaro | Community – Whanaungatanga

From: Rhonda Skilling
Sent: Friday, 26 June 2020 14:12
To: Tina Harrop (NDHB) <Tina.Harrop@northlanddhdhb.org.nz>; Terina Davis (NRA) <Terina.Davis@nra.health.nz>; Andrea Coxhead <andrea.coxhead@waikatodhb.health.nz>; Jan Simeon (jan.simeon@bopdhb.govt.nz) <jan.simeon@bopdhb.govt.nz>; Julie Gibbs LAKES <julie.gibbs@lakesdhdhb.govt.nz>; (natalie.atkinson@tdh.org.nz) <natalie.atkinson@tdh.org.nz>; Charles Hunt <charles.hunt@tdhb.org.nz> <CharlesHunt@charles.hunt@tdhb.org.nz>; Jackie Sewell <Jackie.Sewell@tdhb.org.nz>; 'Jacqui Mabin' <Jacqui.Mabin@hawkesbaydhdhb.govt.nz>; Louise Torr <Louise.Torr@wdhb.org.nz>; Christine Wood (MCDHB) <Christine.Wood@midcentraldhdhb.govt.nz>; Bernadine MCGruddy WAIRARAPA <bernadine.mcgruddy@wairarapa.dhb.org.nz>; 'Susan.Andrews@ccdhb.org.nz' <Susan.Andrews@ccdhb.org.nz>; Loretta Matheson <Loretta.Matheson@nmdhb.govt.nz>; 'Barbara Cook' <barbara.cook@westcoastdhdhb.health.nz>; Manda Challenger <Manda.Challenger@cdhb.health.nz>; Penny Barlow (pbarlow@scdhb.health.nz) <pbarlow@scdhb.health.nz>; Karen Schaab <Karen.Schaab@cdhb.health.nz>; Heather Rawiri (NRA) <Heather.Rawiri@nra.health.nz>; Bronwyn Hamilton [HVDHB] <Bronwyn.Hamilton@huttvalleydhdhb.org.nz>; 'Karl Haase' <Karl.Haase@cdhb.health.nz>
Cc: Aaron Crawford <Aaron.Crawford@tas.health.nz>; Shikhia Ngatai (TAS) <Shikhia.Ngatai@tas.health.nz>; Sally McLean <Sally.McLean@tas.health.nz>
Subject: Proposed Change to RMO Rotation Dates - Advice on Transitional Phase

Hello everyone

You will recall from our last RMO Unit Manager / Coordinator ZOOM meeting the RMO Ops Group agreed to meet to discuss how best we can support all DHBs in determine the best option for the transitional phase of the Proposed Change to RMO Rotation Dates should the proposal proceed.

Unfortunately, we were also not able to agree on the best approach and have instead developed the table below for your review. We have tried to include as many pros, cons, risks and mitigations as possible but there may be some that have not been included.

If I can please ask you to review the table and then rank, in order of preference, your preferred option and return this to me by **midday Wednesday 1 July**. Our overall recommendation to the RMO Unit Manager / Coordinator group, and to the CEs, will be based on the highest ranked option, however, if there is no clear preference we propose that option 1 is the default. This is because this is the option that does not require a considerable change to rosters and run allocations.

You will be aware the due date for submissions for the proposal is now 8 July. This may cause some concern regarding how we manage our processes, including rostering, in a short period of time. To support the rostering process, you may want to consider the following options. I appreciate we may not all have the capacity to do this but you may want to consider spending the time working on the rosters now and having something ready to publish when a decision has been communicated.

- **1 = draft a 6 week extension roster for Q3 which will run from the 24th August – 4th October**
 - This will mean we are prepared for option 2 - where Q3 is extended until the 4th October
 - This will also mean we are prepared for option 3 - where Q3 is extended for only 4 weeks until the 21st September as we will just need to delete the last two weeks from the already prepared 6 week roster
- **2 = draft a 21 week roster for Q4 which will run from the 24th August – 17th January**
 - This will mean we are prepared for option 1 where Q4 changeover occurs on the 24th August and runs for 21 weeks
 - This will also mean we are prepared for the possibility that the decision is made not to change the training year dates as we will shorten the roster back to 13 weeks from 21 weeks

	OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4	OPTION 2 – move Q4 start to 5 Oct (15 wk Q4)	OPT
PROs	No change needed to 2020 allocations No need to rework Q4 rosters No potential financial liability (financial disadvantage)* No Q3 operational impacts on <ul style="list-style-type: none"> ▪ Rostering ▪ Payroll ▪ Leave 	Even Q3 and Q4 for HOs who had rotation delayed More time to bring in overseas recruits for Q4 Less risk of resignations in comparison to Option 1	Even More Less r
CONS	Very long Q4 Very short Q3 for those RMOs who had Q2 rotation delayed Additional work required for 21 week roster Xmas leave applications – processing will occur earlier	Changing Q3 rotation dates Operational impacts <ul style="list-style-type: none"> ▪ Rostering 6 wk extra with Q4 rosters to be published 4 Sept ▪ Payroll re-work ▪ Re-processing leave 	Chan Q4 op ▪ ▪ ▪
RISKS	Spike in resignations to take leave, esp in unpopular runs	RMO disagreement to change Potential financial liability (financial disadvantage)	RMO Poter
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	Engag Wash finan
RMO UNIT MANAGER NATIONAL RANKING			

*financial liability or financial disadvantage refers to situations where RMOs were allocated to runs with a higher salary category and due to the changes made, they remain in a run at a lower category and so are paid less than originally expected

Regards
Rhonda

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Louise Torr

From: Russell Simpson
Sent: Thursday, 2 July 2020 1:59 PM
To: Louise Torr
Cc: Ian Murphy
Subject: Re: Response to Consultation on proposed change to RMO rotation dates 2021 due Wednesday 8 July

Afternoon Louise

I sent our response off yesterday - if you are referring to the letter you left in Nadines office.

Regards
Russ

Sent from my iPhone

On 2/07/2020, at 11:44 AM, Louise Torr <Louise.Torr@wdhb.org.nz> wrote:

Good morning

Can you advise me when our response has been sent.

DHB RMO units nationally have voted on the options
Option 1 - 8
Option 3 – 11

We are opting for option 1 because;

- We have a changeover of UK doctors in late August, and we have agreed runs with new employees arriving.
- We don't have any RMOs moving DHBs within NZ except one RMO coming to take up a position in ED.

We have asked for flexibility within DHBs with MCNZ ePort support because;

- We have a new PGY1s who is starting late due to the effects of Covid-19. Currently they will not get the required 10-weeks in Q3, but with MCNZ support, could meet this requirement if the run date changes are delayed for them.

ngā mihi nui - kind regards
Louise

Louise Torr | Business Manager Medical Management Unit | Whanganui District Health Board
ddi 06 348 3234 | extn 8234 | m 027 481 9449 | www.wdwb.org.nz

'Better health and independence'
'He hauora pai ake, he rangatiratanga'

<image001.jpg>

<image002.jpg>

<image003.jpg>

From: Louise Torr

Sent: Friday, 26 June 2020 3:53 PM

To: Russell Simpson <Russell.Simpson@wdhb.org.nz>

Cc: Ian Murphy <Ian.Murphy@wdhb.org.nz>

Subject: Response to Consultation on proposed change to RMO rotation dates 2021 due Wednesday 8 July

Good afternoon

Attached please find the draft response to the DHB consultation currently underway. This is due by 8 July 2021 (extended closing date requested by the RDA).

Russell I will put a printed copy in your in-box for signing.

ngā mihi nui - kind regards
Louise

Louise Torr | Business Manager Medical Management Unit | Whanganui District Health Board
ddi 06 348 3234 | extn 8234 | m 027 481 9449 | www.wdwb.org.nz

'Better health and independence'
'He hauora pai ake, he rangatiratanga'

<image001.jpg>

<image002.jpg>

<image003.jpg>

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 1: Pros, Cons, Risks and Mitigations

	OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4	OPTION 3 – Move Q4 start to 21 Sept (17 wk Q4)
PROs	<ul style="list-style-type: none"> No change needed to current 2020 allocations No need to rework Q4 rosters No potential financial liability (financial disadvantage)* No Q3 operational impacts on <ul style="list-style-type: none"> Rostering Payroll Leave 	<ul style="list-style-type: none"> Even Q3 and Q4 period for majority of rotating HOs More time to bring in overseas recruits for Q4 Less risk of resignations in comparison to Option 1
CONS	<ul style="list-style-type: none"> Very long Q4 Very short Q3 for those RMOs who had Q2 rotation delayed Additional work required for 21 week roster 	<ul style="list-style-type: none"> Changing Q3 rotation dates requires change management process Additional work to roster the 4 extra weeks Q3 rosters to be published 21 Aug <ul style="list-style-type: none"> Payroll re-work

	OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4	OPTION 3 – Move Q4 start to 21 Sept (17 wk Q4)
	<ul style="list-style-type: none"> • Xmas leave applications – processing will need to occur earlier 	<ul style="list-style-type: none"> • Re-processing leave
RISKS	<ul style="list-style-type: none"> • Increase in resignations to take leave, especially in unpopular runs 	<ul style="list-style-type: none"> • RMO disagreement to change management process • Potential financial liability (financial disadvantage)
MITIGATIONS	<ul style="list-style-type: none"> • Local DHB initiatives to split Q4 and provide additional mini-rotation 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	

Louise Torr

From: Rhonda Skilling <Rhonda.Skilling@southerndhb.govt.nz>
Sent: Monday, 29 June 2020 1:00 PM
To: Louise Torr
Subject: RE: Proposed Change to RMO Rotation Dates - Advice on Transitional Phase

Thanks, Louise

Regards
Rhonda

From: Louise Torr <Louise.Torr@wdhb.org.nz>
Sent: Friday, 26 June 2020 14:54
To: Rhonda Skilling <Rhonda.Skilling@southerndhb.govt.nz>; Tina Harrop (NDHB) <Tina.Harrop@northlanddhdhb.org.nz>; Terina Davis (NRA) <Terina.Davis@nra.health.nz>; Andrea Coxhead <andrea.coxhead@waikatodhb.health.nz>; Jan Simeon (jan.simeon@bopdhdhb.govt.nz) <jan.simeon@bopdhdhb.govt.nz>; Julie Gibbs LAKES <julie.gibbs@lakesdhdhb.govt.nz>; (natalie.atkinson@tdh.org.nz) <natalie.atkinson@tdh.org.nz>; Jackie Sewell <Jackie.Sewell@tdhb.org.nz>; 'Jacqui Mabin' <Jacqui.Mabin@hawkesbaydhdhb.govt.nz>; Christine Wood (MCDHB) <Christine.Wood@midcentraldhdhb.govt.nz>; Bernadine MCGruddy WAIRARAPA <bernadine.mcgruddy@wairarapa.dhb.org.nz>; 'Susan.Andrews@ccdhdhb.org.nz' <Susan.Andrews@ccdhdhb.org.nz>; Loretta Matheson <Loretta.Matheson@nmdhdhb.govt.nz>; 'Barbara Cook' <barbara.cook@westcoastdhdhb.health.nz>; Manda Challenger <Manda.Challenger@cdhb.health.nz>; Penny Barlow (pbarlow@scdhdhb.health.nz) <pbarlow@scdhdhb.health.nz>; Karen Schaab <Karen.Schaab@cdhb.health.nz>; Heather Rawiri (NRA) <Heather.Rawiri@nra.health.nz>; Bronwyn Hamilton [HVDHB] <Bronwyn.Hamilton@huttvalleydhdhb.org.nz>; 'Karl Haase' <Karl.Haase@cdhb.health.nz>
Cc: Aaron Crawford <Aaron.Crawford@tas.health.nz>; Shikhia Ngatai (TAS) <Shikhia.Ngatai@tas.health.nz>; Sally McLean <Sally.McLean@tas.health.nz>
Subject: RE: Proposed Change to RMO Rotation Dates - Advice on Transitional Phase

Hi Rhonda

Whanganui rankings are;

	OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4	OPTION 2 – move Q4 start to 5 Oct (15 wk Q4)	OPTION 3 – Move Q4 start to 21 Sept (17 wk Q4)
Ranking	1	2	3

Reason for the decision – the result of the consultation will now be late notice for changes to rosters and will be disruptive to individuals (despite having various options worked up, this is not an insignificant amount of work). Option 2 provides less risk of early resignations relating to meeting the MCNZ 10-weeks in a run requirement for existing PGY2s.

Recommendation – that MCNZ enables some flexibility in ePort for different start and end of run changeover dates. I expect this has been required at the end of Q2, start of Q3 due to Auckland run changeover dates being different to other DHBs.

Mitigations

- Different Q4 start date for Auckland DHBs - Given that Auckland run changeover dates are 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 sure we could manage with slightly different 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 early 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 will work with whatever agreement is reached at a national level.

ngā mihi nui - kind regards
Louise

Louise Torr | Business Manager Medical Management Unit | Whanganui District Health Board
ddi 06 348 3234 | extn 8234 | m 027 481 9449 | www.wdhb.org.nz

*'Better health and independence'
'He hauora pai ake, he rangatiratanga'*



From: Rhonda Skilling <Rhonda.Skilling@southernhdhb.govt.nz>
Sent: Friday, 26 June 2020 2:12 PM
To: Tina Harrop (NDHB) <Tina.Harrop@northlanddhdhb.org.nz>; Terina Davis (NRA) <Terina.Davis@nra.health.nz>; Andrea Coxhead <andrea.coxhead@waikatodhb.health.nz>; Jan Simeon (<jan.simeon@bopdhdhb.govt.nz> <jan.simeon@bopdhdhb.govt.nz>); Julie Gibbs LAKES <julie.gibbs@lakesdhdhb.govt.nz>; (<natalie.atkinson@tdh.org.nz> <natalie.atkinson@tdh.org.nz>); Charles Hunt <charles.hunt@tdhb.org.nz> <CharlesHunt@charles.hunt@tdhb.org.nz>; Jackie Sewell <Jackie.Sewell@tdhb.org.nz>; 'Jacqui Mabin' <Jacqui.Mabin@hawkesbaydhdhb.govt.nz>; Louise Torr <Louise.Torr@wdhb.org.nz>; Christine Wood (MCDHB) <Christine.Wood@midcentraldhdhb.govt.nz>; Bernadine MCGruddy WAIRARAPA <bernadine.mcgruddy@wairarapa.dhb.org.nz>; 'Susan Andrews@ccdhdhb.org.nz' <Susan.Andrews@ccdhdhb.org.nz>; Loretta Matheson <Loretta.Matheson@nmdhdhb.govt.nz>; 'Barbara Cook' <barbara.cook@westcoastdhdhb.health.nz>; Manda Challenger <Manda.Challenger@cdhb.health.nz>; Penny Barlow (<pbarlow@scdhdhb.health.nz> <pbarlow@scdhdhb.health.nz>); Karen Schaab <Karen.Schaab@cdhb.health.nz>; Heather Rawiri (NRA) <Heather.Rawiri@nra.health.nz>; Bronwyn Hamilton [HVDHB] <Bronwyn.Hamilton@huttvalleydhdhb.org.nz>; 'Karl Haase' <Karl.Haase@cdhb.health.nz>
Cc: Aaron Crawford <Aaron.Crawford@tas.health.nz>; Shikhia Ngatai (TAS) <Shikhia.Ngatai@tas.health.nz>; Sally McLean <Sally.McLean@tas.health.nz>
Subject: Proposed Change to RMO Rotation Dates - Advice on Transitional Phase

Hello everyone

You will recall from our last RMO Unit Manager / Coordinator ZOOM meeting the RMO Ops Group agreed to meet to discuss how best we can support all DHBs in determine the best option for the transitional phase of the Proposed Change to RMO Rotation Dates should the proposal proceed.

Unfortunately, we were also not able to agree on the best approach and have instead developed the table below for your review. We have tried to include as many pros, cons, risks and mitigations as possible but there may be some that have not been included.

If I can please ask you to review the table and then rank, in order of preference, your preferred option and return this to me by **midday Wednesday 1 July**. Our overall recommendation to the RMO Unit Manager / Coordinator group, and to the CEs, will be based on the highest ranked option, however, if there is no clear preference we propose that option 1 is the default. This is because this is the option that does not require a considerable change to rosters and run allocations.

You will be aware the due date for submissions for the proposal is now 8 July. This may cause some concern regarding how we manage our processes, including rostering, in a short period of time. To support the rostering

process, you may want to consider the following options. I appreciate we may not all have the capacity to do this but you may want to consider spending the time working on the rosters now and having something ready to publish when a decision has been communicated.

- **1 = draft a 6 week extension roster for Q3 which will run from the 24th August – 4th October**
 - This will mean we are prepared for option 2 - where Q3 is extended until the 4th October
 - This will also mean we are prepared for option 3 - where Q3 is extended for only 4 weeks until the 21st September as we will just need to delete the last two weeks from the already prepared 6 week roster
- **2 = draft a 21 week roster for Q4 which will run from the 24th August – 17th January**
 - This will mean we are prepared for option 1 where Q4 changeover occurs on the 24th August and runs for 21 weeks
 - This will also mean we are prepared for the possibility that the decision is made not to change the training year dates as we will shorten the roster back to 13 weeks from 21 weeks

	OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4	OPTION 2 – move Q4 start to 5 Oct (15 wk Q4)	OPT
PROs	No change needed to 2020 allocations No need to rework Q4 rosters No potential financial liability (financial disadvantage)* No Q3 operational impacts on <ul style="list-style-type: none"> ▪ Rostering ▪ Payroll ▪ Leave 	Even Q3 and Q4 for HOs who had rotation delayed More time to bring in overseas recruits for Q4 Less risk of resignations in comparison to Option 1	Even More Less r
CONs	Very long Q4 Very short Q3 for those RMOs who had Q2 rotation delayed Additional work required for 21 week roster Xmas leave applications – processing will occur earlier	Changing Q3 rotation dates Operational impacts <ul style="list-style-type: none"> ▪ Rostering 6 wk extra with Q4 rosters to be published 4 Sept ▪ Payroll re-work ▪ Re-processing leave 	Chan Q4 op ▪ ▪ ▪
RISKS	Spike in resignations to take leave, esp in unpopular runs	RMO disagreement to change Potential financial liability (financial disadvantage)	RMO Poter
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	Engag Wash finan
RMO UNIT MANAGER NATIONAL RANKING			

*financial liability or financial disadvantage refers to situations where RMOs were allocated to runs with a higher salary category and due to the changes made, they remain in a run at a lower category and so are paid less than originally expected

Regards
Rhonda

copies of the message, including any attachments. Please note, the views expressed in this communication are not necessarily those of the Southern DHB, unless expressly so stated or apparent from the context.

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25 June 2020

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

100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

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

Louise Torr

From: 20 DHB National Office <ALLDHBS@tas.health.nz>
Sent: Wednesday, 24 June 2020 1:17 PM
To: O365.DHB - CEOs
Cc: O365.DHB - CMOs; O365.DHB - RMO Unit Managers & Coordinators; O365.DHB - COOs; O365.DLIST.DHBERManagersandConsultants.TAS; o365.TAS – Workforce Team; O365.DLIST.DHBSS_ER_Specialists.TAS
Subject: Update - CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021 – EXTENSION OF DEADLINE

20 DHBs - Update - CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021 – EXTENSION OF DEADLINE

To: 20 DHB Chief Executives

Cc: 20 DHB Chief Medical Officers
20 DHB RMO Unit Managers & Co-ordinators
20 DHB Chief Operating Officers
20 DHB GMs HR
20 DHB ER Managers
TAS Workforce and ER Teams

From: Peter Bramley – Chief Executive Lead – RMO Workforce, and
Nick Baker – Chair of National Chief Medical Officers

Dear Colleagues,

For your information the below email was sent out to key stakeholders earlier today regarding the consultation on proposed change to RMO rotation dates 2021 extension deadline.

Regards

Peter Bramley
Chief Executive Lead – RMO Workforce

Nick Baker
Chair Chief Medical Officers

From: 20 DHB National Office
Sent: Wednesday, 24 June 2020 10:51 am
Subject: Update - CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021 – EXTENSION OF DEADLINE

Update - CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021 – EXTENSION OF DEADLINE

To: Drs Sam Anderson and Deborah Powell, NZRDA
Dr Heath Lash and Kate Clapperton-Rees, STONZ
Dr John Bonning, Chair, Council of Medical Colleges
Dr Curtis Walker, Chair, Medical Council of New Zealand
Prof. John Fraser, Dean, Faculty of Medicine & Health Sciences, University of Auckland
Prof. Rathan Subramaniam, Dean, Otago Medical School, University of Otago
Ellie Baxter, President, NZ Medical Students' Association
Prof. Murray Barclay and Sarah Dalton, ASMS
Lesley Clarke, Chief Executive, NZ Medical Association
Anna Clark, Deputy Director-General, Health Workforce, Ministry of Health
Dr Andrew Simpson, Chief Medical Officer, Ministry of Health

From: Peter Bramley – **Chief Executive Lead – RMO Workforce, and**
Nick Baker – **Chair of National Chief Medical Officers**

Dear Colleagues,

Following our earlier email providing you with the consultation document on the proposed change to the RMO training year from 2021, the NZ Resident Doctors' Association has sought an extension to the deadline for responses.

We have considered this request and, balancing a number of interests, have agreed to a one week extension.

The DHBs will be happy to receive responses to the consultation document up until **Wednesday, 8 July 2020**. We have updated the webpage accordingly.

The indicative date for the DHB decision will also be delayed by one week as a consequence

Regards

Peter Bramley
Chief Executive Lead – RMO Workforce

Nick Baker
Chair Chief Medical Officers

Louise Torr

From: 20 DHB National Office <ALLDHBS@tas.health.nz>
Sent: Thursday, 18 June 2020 9:27 AM
To: O365.DHB - CEOs
Cc: O365.DHB - CMOs; O365.DHB - RMO Unit Managers & Coordinators; O365.DHB - COOs; O365.DHB - GMs Human Resources; O365.DLIST.DHBERManagersandConsultants.TAS; o365.TAS – Workforce Team; O365.DLIST.DHBSS_ER_Specialists.TAS
Subject: 20 DHBs – INFORMATION – CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021
Attachments: 2020 06 17 RMO Training year dates 2021 Consultation Document.pdf

20 DHBs – INFORMATION – CONSULTATION ON PROPOSED CHANGE TO RMO ROTATION DATES 2021

To: 20 DHB Chief Executives

Cc: 20 DHB Chief Medical Officers
20 DHB RMO Unit Managers & Co-ordinators
20 DHB Chief Operating Officers
20 DHB GMs HR
20 DHB ER Managers
TAS Workforce and ER Teams

From: Peter Bramley – Chief Executive Lead – RMO Workforce, and
Nick Baker – Chair of National Chief Medical Officers

Dear Colleagues,

Further to recent discussion at the DHB Chief Executives meeting, it was agreed that the proposal to change Resident Medical Officer (RMO) rotation dates from the beginning of the 2021 training year would proceed to consultation with stakeholders.

Attached for your information is a copy of the final consultation document that sets out the proposal, the rationale, and the issues that will need to be considered as part of any transition.

This will be sent out to key stakeholders shortly, and subsequently made available on the TAS website. The key stakeholders are:

- The RMO Unions – NZ Resident Doctors' Association (NZRDA) and Specialty Trainees of NZ (SToNZ)
- The Council of Medical Colleges
- The Medical Council of New Zealand
- The Auckland and Otago University Medical Schools
- The NZ Medical Students' Association (NZMSA)
- The Association of Salaried Medical Specialists (ASMS)

- The NZ Medical Association (NZMA) and
- The Ministry of Health.

DHBs and individuals are welcome to provide a response to proposed change or aspects of it.

The deadline for responses to the proposal is **Wednesday, 1 July 2020**.

DHB Chief Executives will be provided with a summary of stakeholder feedback and a recommendation on whether the proposed change should proceed, and what if any changes to the consultation proposal should be made.

Regards

Peter Bramley
Chief Executive Lead – RMO Workforce

Nick Baker
Chair Chief Medical Officers

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:

11 June 2020	DHB Chief Executive endorsement of proposal
17 June 2020	Consultation document provided to stakeholders and placed on TAS website
1 July 2020	Deadline for feedback on proposal
10 July 2020	Indicative date for DHB decision and communication to stakeholders
August 2020	Offer of employment made to RMOS for the 2021 training year

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:

	Run	Current 2021 Rotation Dates	Proposed 2021 Rotation Dates
House Officers	1	Monday, 30 November 2020	Monday, 18 January 2021
	2	Monday, 1 March 2021	Monday, 19 April 2021
	3	Monday, 31 May 2021	Monday, 19 July 2021
	4	Monday, 30 August 2021	Monday, 18 October 2021
Registrars	1	Monday, 14 December 2020	Monday, 25 January 2021*
	2	Monday, 14 June 2021	Monday, 26 July 2021

* Wellington Anniversary

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

CONSULTATION QUESTIONS
<ul style="list-style-type: none">• 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?

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

Training	RMO Welfare	Operational
<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • 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 • Allows for optimal supervision at start of employment given disruption of leave over Christmas/New Year period <p><i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Assists with selection and examination timetabling for bi-national colleges, including from COVID-related delays • Allows full run duration for runs that otherwise were shortened following COVID response • Facilitates Trans-Tasman placements for trainees with less disruption to training • Avoids bringing in new team members ahead of Christmas/New Year period where leave disrupts services and formal training activity 	<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • Provides TIs with a break before commencing employment • More time to arrange relocation to new workplace <p><i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Better access to leave over Christmas/New Year period for new employees (including PGY1s) • 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 • Minimises financial impact and pressure for RMOs required to relocate prior to Christmas. 	<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • Orientation not disrupted by graduation ceremonies <p><i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Avoids service gaps where RMOs moving to or from Australian rotations • Allows more time for on-boarding of new RMOs • Makes recruitment of RMO workforce from Australia easier

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?**

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?

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?
- 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?

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 issues 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

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

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 Q4 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?
 - 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?

Appendices

Australian RMO Rotation Dates – 2021 Training Year

House Officers

Queensland

Run	Start	End	Duration
1	18 January 2021	11 April 2021	12 Weeks
2	12 April 2021	20 June 2021	10 Weeks
3	21 June 2021	29 August 2021	10 Weeks
4	30 August 2021	7 November 2021	10 Weeks
5	8 November 2021	23 January 2022	11 Weeks

New South Wales

Run	Start	End	Duration
1	18 January 2021 (incl. orientation)	18 April 21	13 weeks
2	19 April 2021	27 June 2021	10 weeks
3	28 June 2021	5 September 2021	10 weeks
4	6 September 2021	21 November 2021	11 weeks
5	22 November 2021	6 February 2022	11 weeks

Victoria

Run	Start	End	Duration
1	11 January 2021	21 March 2021	10 Weeks
2	22 March 2021	30 May 2021	10 Weeks
3	31 May 2021	15 August 2021	11 Weeks
4	16 August 2021	24 October 2021	10 Weeks
5	25 October 2021	16 January 2022	12 Weeks

South Australia

Run	Start	End	Duration
1	13 January 2021 (incl. orientation)	30 March 2021	11 Weeks
2	31 March 2021	15 June 2021	11 Weeks
3	16 June 2021	24 August 2021	10 Weeks
4	25 August 2021	2 November 2021	10 Weeks
5	3 November 2021	18 January 2022	11 Weeks

Western Australia

Run	Start	End	Duration
1	11 January 2021	21 March 2021	10 Weeks
2	22 March 2021	30 May 2021	10 Weeks
3	31 May 2021	15 August 2021	11 Weeks
4	16 August 2021	24 October 2021	10 Weeks
5	25 October 2021	16 January 2022	12 Weeks

** dates in italics are estimates based on the commencement of the training year date and previous training years*

Tasmania

Run	Start	End	Duration
1	11 January 2021	11 April 2021	13 weeks
2	12 April 2021	11 July 2021	13 weeks
3	12 July 2021	10 October 2021	13 weeks
4	11 October 2021	9 January 2022	13 weeks

Registrars

Queensland, New South Wales, Victoria, and South Australia

Run	Start	End	Duration
1	1 February 2021	1 August 2021	26 Weeks
2	2 August 2021	6 February 2022	27 Weeks

Western Australia and Tasmania

Run	Start	End	Duration
1	1 February 2021	1 August 2021	26 Weeks
2	2 August 2021	30 January 2022	26 Weeks

Correspondence from the Council of Medical Colleges

<p>Australasian College for Emergency Medicine</p>	<p style="text-align: right;">Council of Medical Colleges in New Zealand Te Kaunhira o Ngā Kāretī Rata o Aotearoa</p> <p style="text-align: right;">Level 1, 114 The Terrace PO Box 10-375 WELLINGTON Telephone +64-4-471 2334</p>
<p>Australian and New Zealand College of Anaesthetists</p>	
<p>College of Intensive Care Medicine of Australia and New Zealand</p>	
<p>New Zealand College of Public Health Medicine</p>	<p>1 May 2020</p>
<p>Royal Australasian College of Medical Administrators</p>	<p>To:</p> <p>Professor Rathan M. Subramaniam, Dean, Otago Medical School</p> <p>Professor Alan Merry, Dean, Auckland Medical School</p>
<p>Royal Australasian College of Surgeons</p>	<p>Dr Nick Baker, Lead Chief Medical Officer</p> <p>Dr Curtis Walker, Chair MCNZ</p> <p>Mr Andrew Connelly, Immediate past Chair MCNZ and member HWAC</p>
<p>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</p>	<p>Dr Peter Bramley, Lead DHB Chief Executive</p> <p>Dr Jeff Brown, President, New Zealand RACP</p> <p>Dr Nicola Hill, Chair, New Zealand National Board RACS</p>
<p>The Royal Australian and New Zealand College of Ophthalmologists</p>	<p>Dr Sam Murton, President, RNZCGP</p>
<p>The Royal Australasian College of Physicians</p>	<p>Kia ora koutou Colleagues</p> <p>Alignment of the Aotearoa New Zealand and Australian Training Term Dates</p>
<p>The Royal Australian and New Zealand College of Psychiatrists</p>	<p>I write to you regarding an issue many of us have informally discussed in recent weeks regarding the potential for changing the dates that PGY 1 Interns (1st year house surgeons) start as well as run change-over for all house officers and registrars including of course advanced trainees.</p>
<p>The Royal Australian and New Zealand College of Radiologists</p>	<p>You will all be aware of the significant impact the COVID-19 pandemic has had on all aspects of healthcare and in particular on the provision of training to RMOs. There have been a number of communications suggesting the deferment of the change-over dates in June into July and the possibility for further deferment into January of the December dates.</p>
<p>The Royal College of Pathologists of Australasia</p>	<p>This letter is to initiate formal discussions (and inevitable zoom meetings) amongst us and others critical to this decision as we discuss whether and how this might be achieved. I will also be immediately sending a copy of this letter to all Board members of the 15 New Zealand Colleges for their input and feedback. Once we have had initial discussions, we will of course need to bring the RMOs (and their Unions) into the discussion.</p>
<p>The Royal New Zealand College of General Practitioners</p>	
<p>Royal New Zealand College of Urgent Care</p>	
<p>Australasian College of Sport and Exercise Physicians</p>	<p>By way of background information, I append letters of 17 April from DHBs and STONZ (from Dr Bramley and Dr Baker as well as the Chair of STONZ) initially heralding the deferment of changeover by four weeks. Subsequent to that I received a letter 21 April from the STONZ executive and leadership suggesting a flow-on change would be required in January. I have received a brief e-mail from Deborah Powell voicing concern at the proposal but have not responded yet to that.</p>

The issue of aligning New Zealand and Australia's change-over dates has been postulated almost annually for many years but there have always been too many hurdles. Many different obstacles have been mentioned and possibly the one I have heard most often is that the "Universities are against it". Now of course this may very well not be true but as outlined below I believe nearly all of us in this missive have reasons to believe that there will never be a better time to do this with all our respective stars aligning.

The issue of the Intern year (PGY-1) and that of House Surgeon and Registrar change-over dates whilst separate are in fact ultimately intertwined, however I will discuss them separately.

PGY-1 or Intern year

Following a conversation with Alan Merry on 29 April I was lead to believe that due to disruptions to the trainee intern year that Auckland University Medical School was going to have a challenge with around 10% of their (potential) graduates in that they would not have completed all their requirements to graduate by the end of November. Alan suggested that pushing the start of the Intern year to (around the 2nd week of) January would allow 100% of 6th year medical students to graduate. This is the exact time that PGY-1 Interns start in Australia. They happily manage the break between graduating and starting their 1st house surgeon jobs with a small holiday.

Alignment of term change-over dates for house surgeons and registrars

Change-over in Australia (and the UK) occurs in the first week of February and the 1st week of August (and May and November for 3-month runs). Given the international travel restrictions currently in place we are likely to be much more dependent on our own local workforces and an amount of trans-Tasman travel

Below is a list of issues as put together by my College, ACEM, of the advantages of aligning the training years across both sides of the Tasman. Obviously, we are one College however we believe it is highly likely that all the binational Colleges are likely to postulate very similar reasons to do this. I will of course be canvassing all of them. It is notable that the largest non-bi-national college RNZCGP used to have changeover in February and August but changed to align with the hospital-based specialities.

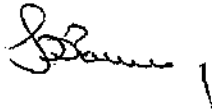
Following is a list of the potential benefits of aligning Term Dates across Australia and New Zealand.

- Administratively Colleges would only need to manage their training program with one set of dates
 - IT/Database functionality is the same for all trainees – removes complexity
 - ITA generation dates are the same for all trainees (ITA = in-training assessments)
 - Trainee Progression Review Panel meetings are at the same time for all trainees
 - Implementation of any initiatives and regulation and policy changes are the same start dates for all trainees
 - Decision making only needs to be made with one set of dates in mind, no disadvantage/advantage for one cohort
- Remove any actual or perceived inequality with examination timetables e.g.
 - Ability to meet examination eligibility requirements.
 - Primary Written is two months after the NZ medical year start date but one week after Australian medical training year start.
 - NZ Trainees progress after the Primary Viva mid-term, Australian trainees progress on the start of Term 2. Training milestones may not align with term dates for New Zealand trainees.
- May allow trainees to move between countries and continue their training without losing training time as they are moving on the same terms.
- Processes could be implemented and aligned e.g.
 - Training Fee Payment Schedule
 - Annual Trainee Placement Survey
- Selection into Training application dates and outcomes would be suitable for New Zealand Trainees. Round 2 is currently a very tight turnaround for New Zealand trainees between outcome and medical training year start date.

Clearly this a very complex thing to do. Of course, RMOs and in particular Trainee Registrars will need to be integral in the discussion. There are not insignificant contractual issues that will need to be addressed. It needs to be fair for everyone.

I would like this letter to formally initiate discussion and meetings between us all to discuss this further and progress it. Dr Walker on behalf of MCNZ has declared himself to be "interested but agnostic" on this issue so may not need to be directly involved. I look forward to a zoom meeting in the week of 4th May to further this issue

Ngā mihi



Dr John Bonning,
Chair CMC



All District Health Boards

17 April 2020

Dear Colleagues,

Covid-19: Impact on National Rotations, Redeployment and Rostering, and Annual RMO Recruitment

Following discussion between the NZRDA, SToNZ and the 20 DHB representatives, and in line with the recent government announcement regarding Level 3 restrictions, a decision has been confirmed to suspend the national RMO rotations – i.e. those that involve RMOs moving between DHBs - scheduled for the 25 May 2020 for House Officers and 8 June 2020 for Registrars.

The initial suspension will be for a minimum of 4 weeks. This will be reviewed in mid-May by DHB CMOs and in consultation with both RMO unions and will take into account the spread of COVID 19 to that point and any signals regarding changes in government restrictions.

At that point a further decision will be made on whether rotations can recommence, estimated to be from the 22 June 2020 for House Officers and 6 July 2020 for Registrars, one month later than initially scheduled. This should mean RMOs will have a minimum of 6 weeks' notice of their planned rotation proceeding.

The decision to suspend has been made in response to the evolving situation with COVID-19 which the DHBs and each of you as RMOs are actively involved in. While the outlook is improving with a lower number of cases than initial modelling projected, there remains uncertainty about how the situation may develop after the current restrictions are relaxed.

Suspending rotations allows time for the progression of Covid-19 post lockdown to become clear and aims to balance impacts on training, family, and patient and team safety.

Rotations between DHBs nationally are therefore suspended and the expectation is RMOs should continue in their current attachment and DHB, until such time as there is a decision for rotations to recommence. Each DHB is progressing their individual contingency planning, which may include redeployment of RMOs.

The implications of continuing with internal DHB rotations on the scheduled dates are still being considered by the DHB CMOs with the aim of not disadvantaging those RMOs whose rotations are delayed. SToNZ will engage with the DHB CMOs on this issue.

It is acknowledged that there may be some exceptions where an RMO is unable to remain in the same attachment and DHB for the additional 4-week minimum period. Exceptions may include health and safety, family circumstances, specific / one-off training experiences or areas of critical workforce shortage. Exceptions should be submitted to the local RMO Unit and will be considered by the Chief Medical Officers of the DHBs concerned, noting in particular the potential impact on smaller DHBs.

RMO Redeployment and Rostering

Planning is underway for rosters which may be required at hospital red alert Level 4.

While rosters may vary from service to service, it is envisaged that in most cases these rosters will be shift rosters by nature and include aspects such as rotating pods and back up to provide cover for exposure and sickness.

There is further work to do on the appropriate remuneration arrangements while such rosters are in place. We can confirm that, as a minimum, it is agreed that RMOs will have their current salary maintained while working such rosters.

Discussions are on-going to identify how hours worked in excess of the current expectations of their run category and those RMOs working back-up are remunerated.

In principle, it is agreed that there should be recognition of situations where RMOs are working more hours than is reflected in their salary category

Currently where rosters have changed in response to the current national lockdown and significant reduction in hospital occupancy and service demand, RMOs should also continue to receive their normal salary payments.

Annual Recruitment Cycle

A decision has also been reached to delay the annual recruitment cycle for RMO appointments for the 2021 training year.

Applications which were due to open 13 April 2020, have been postponed to a minimum of the end of May 2020. Work is in progress to confirm a new timeline and once confirmed this will be communicated.

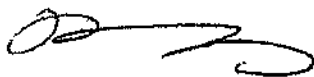
Conclusion

These are uncertain times and we want to acknowledge the concerns that RMOs might have about the impact of the current disruptions on training.

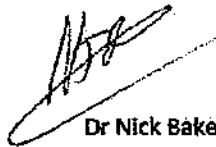
We cannot provide definitive guidance on these impacts at this point. This is, however, an issue where all parties have a common interest in ensuring disruption is minimised and your progression through your training continues to be supported.

The DHBs and Unions will work closely with Medical Council and the postgraduate medical colleges to ensure that no RMO is adversely affected by the delayed start of attachments.

We recognise your ongoing professionalism and willingness to support the health system's response to Covid-19.



Dr Peter Bramley
Lead DHB Chief Executive



Dr Nick Baker
Chair of DHB CMOs



Dr Heath Lash
Chairman of STONZ



21st April 2020

John Bonning
President
Council of Medical Colleges
c/- president@acem.org.au

RMO Rotations: May/June Proposal

Dear John,

As you will be aware the DHBs have decided to suspend RMO rotations nationally between DHBs but allow rotations to occur internally at some DHBs (we understand about half the DHBs).

Our main concern is that all RMOs need to be treated fairly and equally and unfortunately this decision in our view is unfair and is detrimental to those RMOs who are essentially stranded in their current location.

We are concerned about the impact this will have on those RMOs who for many will mean not enough time for training to be accredited. This will also impact those doing post-graduate diplomas such as O&G; and those completing specific training prerequisites of 6 months experience in order to apply for training positions. This is not time that can be made up out of hours.

In the past many of the colleges have been in-flexible and have had an uncompromising approach to training and accreditation. We have already been advised that RANZCO has suspended training for 6-months and other trainees are waiting anxiously to hear what their colleges decide. We write to you as President of the CMC to request that in these unprecedented times colleges are encouraged to be flexible and understanding of the impacts that the decisions made by the DHBs will have on our members. If all Colleges across the board are unable to offer flexibility to their trainees and future trainees then we have flagged to the DHBs that in principle we would be supportive of extending the length of the next rotation by 4-6 weeks (January 2021) so that no one is disadvantaged, and training requirements can still be met.

We strongly believe and advocate that our members should not be disadvantaged by COVID-19 and the decisions made by their employers. Being able to accredit time should not come down to a post code lottery.

We look forward to your reply.

Ngā mihi

Handwritten signature of Dr Heath Lash.

Dr Heath Lash
STONZ Chairman

Handwritten signature of Dr Earle Savage.

Dr Earle Savage
STONZ National Secretary

Handwritten signature of Dr Blair York.

Dr Blair York
STONZ Treasurer

Handwritten signature of Dr Richard Storey.

Dr Richard Storey
STONZ Research

Australasian College for
Emergency Medicine

Australian and New Zealand
College of Anaesthetists

College of Intensive Care
Medicine of Australia and New
Zealand

New Zealand College of Public
Health Medicine

Royal Australasian College of
Medical Administrators

Royal Australasian College of
Surgeons

Royal Australian and New
Zealand College of Obstetricians
and Gynaecologists

The Royal Australian and New
Zealand College of
Ophthalmologists

The Royal Australasian College
of Physicians

The Royal Australian and New
Zealand College of Psychiatrists

The Royal Australian and New
Zealand College of Radiologists

The Royal College of
Pathologists of Australasia

The Royal New Zealand College
of General Practitioners

Royal New Zealand College of
Urgent Care

Australasian College of Sport
and Exercise Physicians

Council of Medical Colleges in New Zealand

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22 May 2020

Dr Andrew Simpson
Chief Medical Officer
Ministry of Education

Dr Nick Baker
Chief Medical Officer
Nelson Marlborough DHB

Dr Peter Bramley
Lead DHB CEO
Nelson Marlborough DHB

Via email: Andrew.simpson@health.govt.nz
Nick.baker@nmdhb.govt.nz
peter.bramley@nmdhb.govt.nz

Tēnā koe Andrew, Nick and Peter

Alignment of Australian and New Zealand training years and registrar rotation schedules

I write to you in my capacity as Chair of the Council of Medical Colleges (CMC), and secondarily as President of the Australasian College for Emergency Medicine (ACEM). The purpose is to discuss the re-alignment of the training year in New Zealand to match the rotation schedule (change-over dates) in Australia.

A significant number of the members of the CMC, the Presidents and New Zealand Chairs of both New Zealand-only and bi-national Medical Colleges wish to recommend changing the New Zealand training year for vocational/specialist trainee registrars, including its rotation schedules, to align with those of Australia. Secondarily and for similar reasons alluded to below, this would involve a re-alignment of all other grades, including trainee interns, postgraduate year 1 (PGY1) and PGY2 doctors.

Background

Due to the COVID-19 pandemic, there has been significant impact on all aspects of healthcare, and in particular on the provision of medical education and training. During the period from March to May 2020, there were numerous interruptions to training rotations across the spectrum of undergraduate, postgraduate, prevocational and vocational medical personnel. Training milestones could not be reached and teaching that was significantly disrupted.

There have been several communications received that suggested the deferment of the current rotation dates. Correspondence to the Council of Medical Colleges (CMC) (as on 17 April 2020) from Dr Nick Baker (Chair of Chief Medical Officers (CMOs) Board), Dr Peter Bramley (Leader Chief Executive Office DHB) and Dr Heath Lash (Chairman of Specialties

trainees of New Zealand (SToNZ) recommended that the rotation be moved forward with four weeks – from May and June to late June and July 2020. Further correspondence from SToNZ (as on 21 April 2020), advised that they felt that the rotation should also be moved forward to start in January 2021, as a flow-on effect. The CMC has since liaised with the majority of relevant stakeholders to discuss this.

Following this, I sent letters (dated 1 May 2020) to the CMC Board membership and a copy of the same letter to Professor Subramaniam, Professor Merry, Dr Curtis Walker (Chair of the Medical Council of New Zealand (MCNZ)), Mr Andrew Connelly (Immediate Past Chair of the MCNZ and member Health Workforce Advisory Committee (HWAC)), and yourselves to set out a proposal for the alignment of the New Zealand and Australia training term dates. I also initiated formal discussions with each of these recipients. A copy of this letter has been attached (see *Appendix 1*).

Whilst our remit is primarily with vocational trainee registrars, we have also been approached by the Deans of both the Medical Schools, Professor Rathan Subramaniam (Dean, Otago Medical School) and Professor Alan Merry (Dean, Auckland Medical School), advising us of potential difficulties in graduating all their final year medical students before the end of the year. The Deans have no doubt communicated with you regarding this. This was further clarified on 11 May 2020, when Dr Curtis Walker and myself met with the Chancellors from both universities, who clarified they may have some difficulty graduating all of the final year medical students by November 2020. This is mainly due to the disruptions to training from this pandemic and are looking to recommend graduation them by January 2021. This would mean that the PGY1-year would commence in January 2021, as opposed to late November 2020. Similarly, if the rotations of PGY1s and PGY2s are not shifted accordingly, there will be a significant gap in all hospitals across New Zealand.

That same day, the CMC Board met with the MCNZ, i.e. with Dr Curtis Walker and Joan Simeon (Chief Executive Officer of the MCNZ) who have advised us there will be no medical regulatory barriers to change the date for rotations. This was followed up with further correspondence to Dr Nick Baker about the CMC's intention to submit our recommendations to your office.

To date, CMC only received strong support from the sector, but at the same time acknowledges there will be not insignificant industrial and workforce issues to work through. The support from the two unions, SToNZ and the New Zealand Resident Doctors Association (NZRDA) will be critical. Given the amount of discussion that has occurred within the health sector to date, I am sure you will agree they need to be engaged formally, as soon as possible.

Further, we have had communication with Ellie Baxter of the New Zealand Medical Students' Association (NZMSA), which was followed up with further informal discussions regarding this issue. I have been sent the survey of Trainee Interns (which I assume you have) that seemed somewhat reticent about the change. This was mainly due to the fact that they had only heard rumours of the change, and due to the financial imposte of a delay in starting employment adding more pressure.

Just to be very clear, while the initial impetus to shift the rotation schedule (change-over dates) forward by four weeks (as laid out in the letter of 17 April 2020), it is our clear desire that this be shifted a little further to align with the rotation schedules (change-over dates) with Australia. Reasons for this have been elucidated further below. This would be early to mid-January for the PGY1s, and the first week of February for all registrars (vocational/specialist trainees). The alignment with Australia has been postulated for many years, but always been felt to be too difficult. Now seems a perfect opportunity.

Recommendation

At its CMC meeting held 11 May 2020, the CMC Board recommended that New Zealand aligns its training year (with rotation schedules) with that of Australia.

The reason for its decisions, in order of significance:

- a. Within the context and the impact of CoVID-19, it would support all medical training providers to adequately train and prepare students and trainees for their examinations. It will therefore remove inequity around the timing of examinations and training terms.
- b. The initially proposed deferments described herein, move the dates much closer to the existing Australian rotation schedule (change-over dates).
- c. On page 2 of the letter of 1 May (Appendix 1) are a detailed list of the reasons the bi-national Colleges favour alignment (irrespective of the CoVID-19 issues) to simplify College training systems and dates, assessment (in-training assessments – ITAs) and examination processes, eliminate actual or perceived inequities in timing of exams and simplify selection into training.
- d. By moving the training year for PGY1s to January, and registrar (vocational/specialist trainees) rotation to the first week of February, it would enhance quality of care (with more experienced RMOs) over the Christmas shutdown period.
- e. For many years it has been proposed that it would be advantageous to align both Australia and New Zealand's training years and rotation schedules. The current circumstances and degree of urgency has never been more obtainable than now.
- f. Due to travel restrictions, New Zealand and Australia will most likely have to be more co-dependent on each other for training and their medical workforce. Historically, both countries heavily relied on workforce (particularly registrars) from the United Kingdom and Ireland.

Consequently, the following Colleges (both New Zealand-only and bi-national Colleges have submitted their support to the alignment of the training year and rotation schedules:

- a. Australasian College for Emergency Medicine (ACEM) (see *Appendix 2*)
- b. Australasian College of Sport and Exercise Physicians (ACSEP) (confirmed informally)
- c. Australian and New Zealand College of Anesthetists (ANZCA) (formal letter to follow)
- d. College of Intensive Care Medicine of Australia and New Zealand (CICM ANZ) (confirmed informally)
- e. New Zealand College of Public Health Medicine (NZPHM) (confirmed informally)
- f. Royal Australasian College of Medical Administrators (RACMA) (confirmed informally)

- g. Royal Australasian College of Physicians (RACP) (see *Appendix 3*)
- h. Royal Australasian College of Surgeons (RACS) (see *Appendix 4*)
- i. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) (see *Appendix 5*)
- j. Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG) (see *Appendix 6*)
- k. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) (see *Appendix 7*)
- l. The Royal Australian and New Zealand College of Radiologists (RANZCR) (see *Appendix 8*)
- m. The Royal College of Pathologists of Australasia (RCPA) (confirmed informally)
- n. The Royal New Zealand College of General Practitioners (RNZCGP) (confirmed informally)
- o. Royal New Zealand College of Urgent Care (RNZCUC) (confirmed informally).

Note that further clarification may come from some Colleges that are considering this issue, but none have expressed opposition to it.

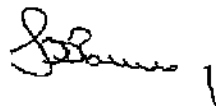
Next steps

CMC would welcome a meeting with yourself to discuss this, as we collaboratively seek an equitable medical and education training environment, and the additional workforce benefits this alignment would bring.

Further information or clarification

If you have any questions, please feel free to contact me via email: president@acem.org.au, or by phone: +64 21 663 760.

Nāku, nā



Dr John Bonning
CMC Chair



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 78 009 090 715

22 May 2020

Dr J Bonning
Chair
Council of Medical Colleges

Via email: president@acem.org.au

Tēnā koe John

Alignment of Australian and New Zealand training years and registrar rotation schedules

ACEM strongly supports the alignment of the New Zealand and Australia training years and registrar rotation schedules.

Background

Due to CoVID-19, there may be a significant impact on national rotations, redeployment and rostering and annual resident medical officer (RMO) recruitment in Aotearoa New Zealand.

Correspondence to the Council of Medical Colleges (CMC) from Dr Nick Baker, Chair of district health board (DHB) Chief Medical Officers (CMOs), Dr Peter Bramley, Leader Chief Executive Office DHB and Dr Heath Lash, Chairman of STONZ (one of two RMO unions) recommended that the changeover be moved forward from June to July 2020. Further correspondence from STONZ advised that they felt that the changeover should also be moved forward in January 2021 as a flow-on effect.

Furthermore, the Chancellors from the Medical Schools of both Auckland and Otago Universities have advised they would have significant difficulty graduating all of the final year medical students by November 2020. This is mainly due to the disruptions to training from this pandemic and are looking to recommend graduation by January 2021. This would mean that the postgraduate year 1-interns' (PGY1) year would commence in January 2021, not late November 2020. If the rotations of House Officers (PGY1s and PGY2) are not shifted accordingly, there will be a significant gap in all hospitals across New Zealand.

The proposal

The Aotearoa New Zealand Faculty of ACEM suggests New Zealand aligns its training year (with rotation schedule) with that of Australia, to commence in February and August.

Besides being a bi-national College, our reasons are as follows:

- The deferments described above, move the dates much closer to the existing Australian change-over dates.
- For many years it has been proposed that it would be advantageous to align the countries' training years and registrar rotation schedules. The current circumstances and degree of urgency has never been more obtainable than now.
- New Zealand and Australia are likely to need to be more co-dependent for training and medical workforce, due to travel restrictions. Historically, both countries heavily relied on workforce (particularly RMOs) from the United Kingdom and Ireland.
- It will simplify and support our college's training systems and dates, especially In-Training Assessments (ITAs).
- It will remove inequity around the timing of exams and training terms.

J Bonning
22 May 2020

- Overall, it was felt that moving the training year for PGY1s to January, and RMO changeover to the second week of February, would be safer due to taking it out of the pre-Christmas period.
- We acknowledge that there will be industrial and workforce issues to work through, and that the support from the two RMO Unions, SToNZ and the NZ RDA will be critical.
- The MCNZ has already advised that there will be no medical regulatory barriers to a change of date for rotations.

Should you wish to further discuss, please feel free to contact me.

Ngā mihi nui



Dr André Cromhout
Aotearoa New Zealand Faculty Chair



RACP
Specialists. Together

EDUCATE ADVOCATE INNOVATE

From the President

22 May 2020

Dr John Bonning
Chair
Council of Medical Colleges in New Zealand
Level 1, 114 The Terrace
P O Box 10-375
WELLINGTON

By email to: enquiries@cmc.org.nz

Tēnā koe Dr Bonning

Alignment of the Aotearoa New Zealand and Australian Training Term Dates

Thank you for seeking input from The Royal Australasian College of Physicians (RACP) to the issue of aligning Aotearoa New Zealand and Australia's change-over dates. We agree that the current context provides a unique opportunity to consider and progress this issue which has long been postulated.

This response has been informed by comments from our College Education Committee, key Aotearoa New Zealand education committees and Aotearoa New Zealand Trainees' Committee.

As a large binational medical college, we anticipate several tangible benefits would be realised by aligning the dates for the clinical year across Australia and Aotearoa New Zealand.

Alignment of dates would fundamentally streamline the administration of RACP (and other medical college) training programs across the Tasman through simplification of our bi-national training systems including:

- Alignment of training program administration including annual program registrations, submission dates for work-based assessment and other training requirements, communication of program and policy changes, and policy implementation.
- Efficiencies realised when implementing new initiatives and programs.
- Reduced complexity in decision making and implementing change as Australian and Aotearoa New Zealand trainee cohorts will be aligned.
- Enhanced database management and functional requirements.
- Equitable preparation time and eligibility requirements for examinations, both actual and perceived.
- Facilitated movement of specialist trainees between Australia and Aotearoa New Zealand during training with minimal disruption to progression.

Whilst there are benefits, from an Aotearoa New Zealand RACP trainee perspective, this change could be challenging. Feedback suggests that the primary concern would be adjusting to the start of the clinical year in early February followed closely by the RACP Divisional Written Examinations in mid-February. The Aotearoa New Zealand Trainees' Committee noted the importance of trainee involvement in ongoing discussions on this issue to ensure trainees are fully informed.

We recognise the attraction of aligning all training term dates across both countries but consider this to be currently unfeasible given the complexity and existing variation within Australian jurisdictions and Aotearoa New Zealand for term dates across RACP training programs. Furthermore, Australian jurisdictions set their own training term dates taking account of local school holidays which also vary across the states and territories. For that reason, we consider a more feasible first step would be aligning the commencement date for the clinical year in Aotearoa New Zealand to that of Australia. A common start to the training year in early February for both countries would bring a range of potential benefits to the health system, medical colleges, and specialist trainees.

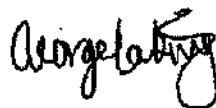
We would support the implementation of this change in 2020 for the 2021 training year. Impacts of COVID-19 have already necessitated many changes to workforce and training arrangements. There have been delays to rotation dates, limited rotations between District Health Boards and delays to the annual recruitment cycle process. Medical colleges have implemented interim changes to their training programs including postponement and subsequent rescheduling of examinations. There has also been disruption to final medical year student training. Enacting the alignment of clinical year dates at the end of this year would have the advantage of lengthening rotations into 2021 compensating trainees for disrupted training in 2020 and giving them more time to complete training requirements. We consider there is unlikely to be a better time to try and progress this change.

Thank you again for seeking our input to this important issue which impacts training and employment. We look forward to continued involvement in discussions seeking to progress the alignment of training dates across Australia and Aotearoa New Zealand.

Ngā mihi



Prof John Wilson AM
Chair, College Education Committee
RACP President



Dr George Laking
President, Aotearoa New Zealand

cc: Dr Curtis Walker, Chair Medical Council of New Zealand

Appendix 4 to CMC Letter (22 May 2020)



Royal Australasian
College of Surgeons
Te Whare Piki Ora o Māhūtanga

14 May 2020

Dr Nick Baker, Chair DHB's CMO Group
and Dr Peter Bramley, DHB's CE's Representative
Nelson Marlborough DHB
Private Bag 18
NELSON 7042

Level 3, 8 Kent Terrace
Wellington 6011 New Zealand
PO Box 7451 Newtown
Wellington 6242 New Zealand
Telephone +64 4 385 8247
Tollfree (NZ only): 0800 787 469
www.surgeons.org

Via email

Dear Nick and Peter

RMO rotation dates

Following on from my earlier email I wish to formally advise that the New Zealand National Board of the Royal Australasian College of Surgeons (RACS) supports the proposal to move the end of the training year / start of new training year rotation dates to January / February.

Our reasons for this are:

- Patient safety will be improved by moving from the current late November / December dates. We would not be bringing new clinical team members in at a time when services are disrupted and many of the more experienced team members are likely to be away.
- From a vocational training perspective, training experiences are also disrupted at that time with limited formal training sessions and many supervisors away.
- As a bi-national college, closer coordination with rotation change dates in Australia would assist with our selection and examination timetabling, as these activities need to be consistent in both countries.
- As one of the few colleges where some New Zealand trainees are required to undertake several years of their training in Australia (to achieve exposure to the appropriate range of clinical cases for their specialty), rotation change dates that are the same or close to those in Australia would be an advantage

This is supported by training boards for all nine of the RACS surgical specialties

Kind regards.

Nicola Hill FRACS
Chair, New Zealand National Board

Cc Dr John Bonning, Chair, Council of Medical Colleges
Assoc Professor Philip Carson, Censor in Chief, RACS
Dr Curtis Walker, Chair, Medical Council of New Zealand



Committed to
Indigenous health

14 May 2020

Dr John Bonning
Chair
Council of Medical Colleges in NZ

By email only: enquiries@cmc.org.nz

Dear Dr Bonning

Alignment of term change-over dates for registrars

RANZCO supports the proposal to align the timing of term change-overs for medical registrars in Australia and New Zealand and for change-overs to occur in the first weeks of February and August.

The level of supervision can be low in December when the change-over currently occurs in New Zealand because of the traditional holiday period. The higher levels of supervision generally available in February have the potential to greatly improve patient safety and the quality of training.

Alignment of change-over dates in the two countries would also reduce the management and administration load of bi-national medical colleges.

We wish you well in your negotiations and hope the proposal is implemented.

Kind regards



David Andrews
CEO

Appendix 6 to CMC Letter (22 May 2020)



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health

19 May 2020

Dr John Bonning
Chair
Council of Medical Colleges in New Zealand
john.bonning@acem.org.au
ali.watt@cmc.org.nz

Dear John

RANZCOG supports the alignment of the New Zealand and Australia training years and registrar rotation schedules. We see the current deferred rotation in New Zealand, which brings the rotation dates in New Zealand closer to Australia, as an opportunity to achieve this alignment.

For RANZCOG as a bi-national college alignment of dates will simplify our training calendar, meaning we can run selection processes and assessments at the same time. For trainees this will reduce any perceived inequities in timing and provide more opportunities for working trans-Tasman. With obstetrics services busy over the December to January period, we also believe that registrar rotation in February will be safer through avoiding changeover in staffing prior to the busy period.

Ngā mihi

Dr Celia Devenish



22 May 2020

Dr John Bonning
Chair
Council of Medical Colleges

By email to: [Ali Watt <ali.watt@cmc.org.nz>](mailto:Ali.Watt@cmc.org.nz)

Tēnā Koe John

Re: Alignment of the Aotearoa/New Zealand and Australian Training Term Dates

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) thank you for your earlier letter dated 1 May 2020. We understand that the proposal is to change the start dates for PGY 1 interns (first year house surgeons) as well as the change-over date for all house officers and registrars including those who are participating in advanced training programmes. If the new proposal goes forward PGY1 doctors would start their training year in the second week of January and house officers and registrars would start in February.

The RANZCP's Tu Te Akaaka Roa – the New Zealand National Committee met on 12 May 2020 and considered your letter. The membership of Tu Te Akaaka Roa is broad-based, including a trainee representative, early career psychiatrists, the Chair of Te Kaunihera and the Chair of the New Zealand Training Committee. Having a diverse membership enabled the Committee to obtain a range of perspectives on the proposal to align the Aotearoa/New Zealand training timetable with Australia's.

The Committee supports the proposal to align the training schedule across the two countries and reached this determination based on the following factors:

- It would be beneficial to synchronise the training schedules across the two countries as it would make inter-countries transfers easier. Administratively it would be more efficient for the Trans-Tasman colleges as they would only be managing one change-over time across both countries.
- For those in College training programmes having a February start may be less disruptive than the December start in terms of the holiday period. The proposed change would make the Christmas period less stressful e.g. these doctors would get a reasonable break over the festive season and there would not be issues with setting rosters over the busy Christmas period. However, some registrars like to start in December as outpatients is quieter, therefore, allowing them to become orientated to their new role.
- The RANZCP's New Zealand Training Committee has shown flexibility around training during COVID 19, so with some additional work, the RANZCP would be able to accommodate this proposal. Some planning would need to be given to managing the process so trainees are not disadvantaged e.g. those doing mandatory runs or planning to move programmes.

We strongly suggest that if this proposal is accepted that it is phased in over time and is not hurriedly implemented. Moving immediately into a new training timetable may particularly disadvantage the 2020 graduating cohort who have already had a challenging year.

While the medical colleges may support 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 and the Resident Doctors' Association.

We look forward to receiving an update on the proposal at the Council of Medical Colleges' hui scheduled for 28 May 2020.

In the meantime, 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 mahi and may be contacted by email rosemary.matthews@ranzcp.org or by telephone on 04 472 7265.

Ngā mihi nui



Dr Mark Lawrence FRANZCP
Chair, Tu Te Akaaka Roa - New Zealand National Committee



The Royal Australian and New Zealand
College of Radiologists*

20 May 2020

Dr J Bonning
Chair
Council of Medical Colleges
Email: president@acem.org.au

Dear Dr Bonning

Alignment of Australian and New Zealand Training Term Dates

Thank you for your letter of 1 May 2020 initiating discussion about alignment of the Australian and New Zealand training term dates.

The Royal Australian and New Zealand College of Radiologists (RANZCR) appreciates the considerable proposed benefits if alignment were to be achieved, including those detailed in your letter.

RANZCR has now considered your correspondence through the appropriate governance channels and is in support of the proposal in principle.

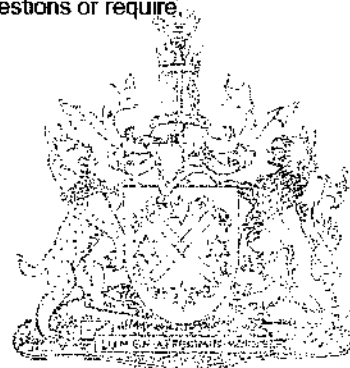
Despite our support, RANZCR recognises the logistical challenges that will need to be overcome. It is important that every effort is made to ensure the RMOs are not disadvantaged during the transitional period.

We would be pleased to assist further. Please contact Megan Purves at megan.purves@ranzcr.org.nz or (04) 472 6470 if you have any questions or require additional support for this initiative.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gabriel Lau'.

Gabriel Lau
Chair – NZ Branch Committee



Correspondence from Auckland and Otago Universities



Grafton Campus
Auckland, New Zealand
Telephone 64 9 373 7599 ext.86036
The University of Auckland
Private Bag 92019
Auckland, New Zealand



Otago Medical School
University of Otago
PO Box 56
Dunedin 9054
New Zealand

OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

10 June 2020

Dr Nick Baker,
Chair DHB CMOs
email: Nick.Baker@nmdhb.govt.nz

cc:

1. Anna Clark, Deputy Director-General, Health Workforce , Ministry of Health
email: anna.clark@health.govt.nz
2. Dr Peter Bramley, Lead DHB CEO
email: peter.bramley@nmdhb.govt.nz
3. Ellie Baxter, President NZMSA
email: president@nzmsa.org.nz
4. Emily Yi, Vice-President External, NZMSA
Email: vpe@nzmsa.org.nz

Dear Nick,

The Universities of Auckland and Otago have 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, but the challenges faced by COVID-19 have increased our interest in the possibility that this should occur for the next intake, who would normally be starting on 30 November.

In fact, with the support of the DHB CMOs and of HWFNZ, we 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. Nevertheless, this will be more challenging this year than usual because:

- Some students were withdrawn during COVID-19 Alert Levels 4 and/or 3 because of health conditions
- Some students have had to self-isolate for periods of time because of exposure to coronavirus.
- All students have, and will continue to have, a lower than previously normal threshold for staying away from their clinical attachments if they develop colds or flu-like symptoms.
- We are, of course, uncertain about what might or might not eventuate during the rest of this year in respect of COVID-19, albeit that the situation looks very promising at present.

Thus, it remains true that a delayed start date would be helpful in graduating as many students as possible in time to start their PGY1 jobs.

However, there are also other good reasons for such a change. These include:

- Patient safety in relation to the capacity to provide supervision over the Christmas and New Year holiday periods and early January when many senior clinicians take leave. It is true that the hospitals may be quieter during the holiday period, but they are certainly not quieter in the first three weeks of December (which are typically very busy). The difference between relatively experienced house officers at the end of their first year and those who are just starting (and also not able to take out of hours call) during this period would be safer for patients, and we understand that this will also be easier to manage for the DHBs.
- We believe that the opportunity to take a break between the end of their medical degree and the start of their lives as hard working doctors would be appreciated by at least some students.
- This change would permit a later start to year 6 from January 2021. This currently needs to be very early and the change would be appreciated by the students and also by the academic, clinical and the relevant administrative staff of the Universities.
- The change would make it easier for all students to graduate together in late November or early December – at present they need to take leave to do this, and for obvious reasons it is somewhat problematic for all of them to get this. A later start date would make graduation less disruptive for DHBs and services who have to cover roster gaps of those who attend graduation.
- Alignment with dates in Australia for PGY1 and (with a parallel change) PGY2 and beyond is likely to be helpful in a post-COVID world with uncertainties over movements of junior doctors between various countries for training.

In summary, we believe such a change would be in the interests of patient safety but also in the interests of our medical students, and the staff who train them, both university staff and (importantly) DHB staff.

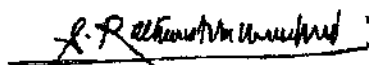
However, the change does involve a delay between receiving a Y6 stipend and starting to earn a salary as a junior doctor. Making this change from January 2021 will create some financial challenges for at least some of our students given that they will have relatively little time to plan and budget for this gap. We know that the students are concerned about this, both through their representatives and by an NZMSA survey, and we believe some plan for mitigating the financial implications of the change would be appropriate.

The NZMSA representatives have also told us that they would very much appreciate being part of the process by which decisions are made on a change of dates. We believe that the NZMSA is the appropriate body to represent the students of both programmes in this matter and we strongly support their desire to be consulted. We think this will facilitate achieving change that meets everyone's needs.

Yours sincerely



Professor John Fraser
Dean
Faculty of Medicine and Health Sciences
The University of Auckland



Professor Rathan M. Subramaniam
Dean
Otago Medical School
University of Otago

Louise Torr

From: 20 DHB National Office <ALLDHBS@tas.health.nz>
Sent: Friday, 5 June 2020 11:28 AM
To: O365.DHB - CEOs
Cc: O365.DHB - CMOs; O365.DHB - GMs Human Resources; O365.DHB - RMO Unit Managers & Coordinators; O365.DHB - CEO EAs; Anna Clark; O365.DLIST.DHBSS_ER_Specialists.TAS; o365.TAS – Workforce Team; Andy Simpson
Subject: 20 DHBs – INFORMATION – PROPOSAL TO CHANGE RMO ROTATION DATES FOR 2021
Attachments: 2020 06 02 Paper to CEs on Change of RMO Rotation dates.pdf

20 DHBs – INFORMATION – PROPOSAL TO CHANGE RMO ROTATION DATES FOR 2021

To: 20 DHB Chief Executives

Cc: 20 DHB Chief Medical Officers
20 DHB GMsHR
20 DHB RMO Unit Managers & Co-ordinators
20 DHB Chief Executive PAs
Anna Clark, Deputy-Director General, Health Workforce
Dr Andrew Simpson, Chief Medical Officer, Ministry of Health
TAS Workforce and ER Teams

From: **Peter Bramley – Chief Executive Lead – RMO Workforce**

Dear Colleagues,

Following discussion amongst Chief Medical Officers and other SMOs involved in RMO training, and the vocational colleges, it is proposed that the DHBs formally consult stakeholders on a proposal to alter RMO rotation dates for the 2021 training year.

The proposal, and supporting information from the Council of Medical Colleges, is outlined in the attached memo.

A consultation document to share with identified stakeholders is being finalised. Subject to general Chief Executive endorsement of the proposal, and following further engagement with the Ministry of Health, I would like to circulate this consultation document to stakeholders next week.

I will provide an update at next week's Chief Executive meeting, however, if you have any concerns with this proposal being progressed, please raise these with me urgently.

Ngā mihi,

Peter Bramley
DHB CE Lead - RMO Workforce

Memorandum

To:	DHB Chief Executives cc. DHB Chief Medical Officers; DHB GMs HR; and DHB RMO Unit Managers & Co-ordinators
From:	Peter Bramley, Lead Chief Executive – RMO Workforce
Subject:	RMO 2021 Training Year rotation dates – proposed alternate dates
Date:	3 June 2020

Purpose

The purpose of this paper is to outline the DHB proposal to alter RMO rotation dates to mitigate the impacts of COVID on training and to more closely align the training year to that of Australia.

Recommendation

It is recommended that Chief Executives:

1. **Endorse** the DHB proposal to permanently alter the RMO rotation dates;
2. **Note** that, subject to this endorsement, a consultation document will be finalised for the stakeholders listed in this paper, and
3. **Note** we will continue to engage with the Ministry of Health in confirming the proposal prior to it being provided to key stakeholders in mid June 2020.

Background

1. The response to COVID-19 has caused significant disruption to RMO training.
2. These 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
 - 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. A permanent change to RMO rotation dates has been raised in these discussions.
5. The discussions have also revealed a significant list of other benefits that are likely to follow from the proposed permanent rotation date change.

Proposal

6. The DHBs propose that the training year for RMOs is altered from the beginning of the 2021 training year to mitigate training impacts and more closely align with Australia [see Appendix 1]. The proposed revised 2021 training dates are set out in the following table:

		Current 2021 Rotation Dates	Proposed 2021 Rotation Dates
House Officers	Q1	Monday, 30 November 2020	Monday, 18 January 2021
	Q2	Monday, 1 March 2021	Monday, 19 April 2021
	Q3	Monday, 31 May 2021	Monday, 19 July 2021
	Q4	Monday, 30 August 2021	Monday, 18 October 2021
Registrars	H1	Monday, 14 December 2020	Monday, 25 January 2021*
	H2	Monday, 14 June 2021	Monday, 26 July 2021

* Wellington Anniversary

Discussion

Benefits of Proposal

7. Based on the discussion referenced above, there are both immediate and longer-term benefits of the proposed change across a number of dimensions [See Appendix 2]. The immediate benefits allow the impact of the COVID-19 response on RMO training to be addressed so RMOs are not disadvantaged.

Training	Welfare	Operational
<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • 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 • Allows for better supervision at start of employment given 	<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • Provides TIs with a break before commencing employment <p><i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Better access to leave over Christmas/New Year period for new employees (including PGY1s) 	<p><i>For new PGY1s</i></p> <ul style="list-style-type: none"> • Orientation not disrupted by graduation ceremonies <p><i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Avoids service gaps where RMOs moving to or from Australian rotations • Allows more time for on-boarding of new RMOs

<p>disruption of leave over Christmas/New Year period <i>For House Officers & Registrars</i></p> <ul style="list-style-type: none"> • Assists with selection and examination timetabling for bi-national colleges, including from COVID-related delays • Allows full run duration for runs that otherwise were shortened following COVID response • Facilitates Trans-Tasman placements for trainees with less disruption to training • Avoids bringing in new team members ahead of Christmas/New Year period where leave disrupts services and formal training activity 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Makes recruitment of RMO workforce from Australia easier
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Issues Raised with Proposal

8. Three potential issues have been identified with the proposal. These are:
 - a. The financial impact on graduating medical students;
 - b. The impact on international recruitment, and
 - c. Certainty of RMO staffing over the initial December 2020/January 2021 transition period.
9. Potential mitigations are under consideration. These could incur potential costs, however there are likely to be cost offsets as well.
10. In addition, legal advice suggests that there may be grounds under the MECAs for the Unions to argue that they and/or their members need to agree to the changed training year dates before they can be implemented. There is a lack of clarity of the practical implications of a MECA challenge. While the NZRDA ultimately opposed the suspension of the mid-year changeover, having initially proposed it, it did not raise a contractual challenge to that decision.

Implementation

11. If the 2021 training year dates are changed, this will be implemented through the DHB offers following the Advanced Choice of Employment (ACE) process for graduates and the annual recruitment cycle which invites applications from RMOs for PGY2+ House Officer, Senior House Officer and Registrar positions. 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.
12. There are several transitional issues that will need to be worked through in relation to the balance of the 2020 training year. These principally impact on House Officers.

Next Steps

13. A consultation document is being developed to reflect the decisions above. We will engage with the Ministry of Health in confirming this proposal prior to it being provided to key stakeholders in mid June 2020.
14. The key stakeholders are identified as:
 - a. The Vocational Colleges, through the Council of Medical Colleges
 - b. The Medical Council of New Zealand
 - c. The Unions representing RMOs – the New Zealand Resident Doctors' Association (NZRDA) and the Specialty Trainees of New Zealand (SToNZ)
 - d. The Auckland and Otago Medical Schools
 - e. The New Zealand Medical Students Association (NZMSA)

APPENDIX 1: Australian RMO Rotation dates 2021 Training Year

Queensland			
House Officer			
Run	Start	End	Duration
1	18 Jan 21	11 Apr 21	12 Weeks
2	12 Apr 21	20 June 21	10 Weeks
3	21 Jun 21	29 Aug 21	10 Weeks
4	30 Aug 21	7 Nov 21	10 Weeks
5	8 Nov 21	23 Jan 22	11 Weeks
Registrar			
Run	Start	End	Duration
1	1 Feb 21	1 Aug 21	26 Weeks
2	2 Aug 21	6 Feb 22	27 Weeks

New South Wales			
House Officer			
Run	Start	End	Duration
1	18 Jan 21 (incl. orientation)	18 Apr 21	13 weeks
2	19 Apr 21	27 Jun 21	10 weeks
3	28 Jun 21	5 Sep 21	10 weeks
4	6 Sep 21	21 Nov 21	11 weeks
5	22 Nov 21	6 Feb 22	11 weeks
Registrar			
Run	Start	End	Duration
1	1 Feb 21	1 Aug 21	26 Weeks
2	2 Aug 21	6 Feb 22	27 Weeks

Western Australia			
House Officer			
Run	Start	End	Duration
1	11 Jan 21	21 Mar 21	10 Weeks
2	22 Mar 21	30 May 21	10 Weeks
3	31 May 21	15 Aug 21	11 Weeks
4	16 Aug 21	24 Oct 21	10 Weeks
5	25 Oct 21	16 Jan 22	12 Weeks
Registrar			
Run	Start	End	Duration
1	1 Feb 21	1 Aug 21	26 Weeks
2	2 Aug 21	30 Jan 22	26 Weeks

** dates in italics are estimates based on the commencement of the training year date and previous training years*

South Australia			
House Officer			
Run	Start	End	Duration
1	13 Jan 21 (incl. orientation)	30 Mar 21	
2	31 Mar 21	15 Jun 21	
3	16 Jun 21	24 Aug 21	
4	25 Aug 21	2 Nov 21	
5	3 Nov 21	18 Jan 22	
Registrar			
Run	Start	End	Duration
1	1 Feb 21	10 Aug 2021	26 Weeks
2	11 Aug 21	6 Feb 22	27 Weeks

Victoria			
House Officer			
Run	Start	End	Duration
1	11 Jan 21	21 Mar 21	10 Weeks
2	22 Mar 21	30 May 21	10 Weeks
3	31 May 21	15 Aug 21	11 Weeks
4	16 Aug 21	24 Oct 21	10 Weeks
5	25 Oct 21	16 Jan 22	12 Weeks
Registrar			
Run	Start	End	Duration
1	1 Feb 21	1 Aug 21	26 Weeks
2	2 Aug 21	06 Feb 22	27 Weeks

Tasmania			
House Officers			
Run	Start	End	Duration
1	11 Jan 21	11 Apr 21	13 weeks
2	12 Apr 21	11 Jul 21	13 weeks
3	12 July 21	10 Oct 21	13 weeks
4	11 Oct	9 Jan 22	13 weeks
Registrar			
Run	Start	End	Duration
1	1 Feb 21	1 Aug 21	26 Weeks
2	2 Aug 21	30 Jan 22	27 Weeks

Appendix 2: Correspondence for Medical Colleges on Rotation dates

Correspondence from the Council of Medical Colleges

1 May 2020 Dr John Bonning, Chair of the Council of Medical Colleges

22 May 2020 Dr John Bonning, Chair of the Council of Medical Colleges

Correspondence from Individual Colleges

17 April 2020 Mr Terrence Creagh, Chair NZ Board of Plastic & Reconstructive Surgery

14 May 2020 Dr Nicola Hill, Chair NZ National Board, Royal Australasian College of Surgeons

18 May 2020 Messrs Simon Bann and Dave Moss, Chairs NZ Board in General Surgery and NZ Training Committee, NZ Board in General Surgery

Letter from Council of Medical Colleges in New Zealand (1 May 2020)

Australasian College for
Emergency Medicine

Australian and New Zealand
College of Anaesthetists

College of Intensive Care
Medicine of Australia and New
Zealand

New Zealand College of Public
Health Medicine

Royal Australasian College of
Medical Administrators

Royal Australasian College of
Surgeons

Royal Australian and New
Zealand College of Obstetricians
and Gynaecologists

The Royal Australian and New
Zealand College of
Ophthalmologists

The Royal Australasian College
of Physicians

The Royal Australian and New
Zealand College of Psychiatrists

The Royal Australian and New
Zealand College of Radiologists

The Royal College of
Pathologists of Australasia

The Royal New Zealand College
of General Practitioners

Royal New Zealand College of
Urgent Care

Australasian College of Sport
and Exercise Physicians

Council of Medical Colleges in New Zealand

Te Kaunihera o Ngā Kāretī Rata o Aotearoa

Level 1, 114 The Terrace
PO Box 10-375 WELLINGTON
Telephone +64-4-471 2334

1 May 2020

To:

Professor Rathan M. Subramaniam, Dean, Otago Medical School

Professor Alan Merry, Dean, Auckland Medical School

Dr Nick Baker, Lead Chief Medical Officer

Dr Curtis Walker, Chair MCNZ

Mr Andrew Connelly, Immediate past Chair MCNZ and member HWAC

Dr Peter Bramley, Lead DHB Chief Executive

Dr Jeff Brown, President, New Zealand RACP

Dr Nicola Hill, Chair, New Zealand National Board RACS

Dr Sam Murton, President, RNZCGP

Kia ora koutou Colleagues

Alignment of the Aotearoa New Zealand and Australian Training Term Dates

I write to you regarding an issue many of us have informally discussed in recent weeks regarding the potential for changing the dates that PGY 1 Interns (1st year house surgeons) start as well as run change-over for all house officers and registrars including of course advanced trainees.

You will all be aware of the significant impact the COVID-19 pandemic has had on all aspects of healthcare and in particular on the provision of training to RMOs. There have been a number of communications suggesting the deferment of the change-over dates in June into July and the possibility for further deferment into January of the December dates.

This letter is to initiate formal discussions (and inevitable zoom meetings) amongst us and others critical to this decision as we discuss whether and how this might be achieved. I will also be immediately sending a copy of this letter to all Board members of the 15 New Zealand Colleges for their input and feedback. Once we have had initial discussions, we will of course need to bring the RMOs (and their Unions) into the discussion.

By way of background information, I append letters of 17 April from DHBs and STONZ (from Dr Bramley and Dr Baker as well as the Chair of STONZ) initially heralding the deferment of changeover by four weeks. Subsequent to that I received a letter 21 April from the STONZ executive and leadership suggesting a flow-on change would be required in January. I have received a brief e-mail from Deborah Powell voicing concern at the proposal but have not responded yet to that.

The issue of aligning New Zealand and Australia's change-over dates has been postulated almost annually for many years but there have always been too many hurdles. Many different obstacles have been mentioned and possibly the one I have heard most often is that the "Universities are against it". Now of course this may very well not be true but as outlined below I believe nearly all of us in this missive have reasons to believe that there will never be a better time to do this with all our respective stars aligning.

The issue of the Intern year (PGY-1) and that of House Surgeon and Registrar change-over dates whilst separate are in fact ultimately intertwined, however I will discuss them separately.

PGY-1 or Intern year

Following a conversation with Alan Merry on 29 April I was lead to believe that due to disruptions to the trainee intern year that Auckland University Medical School was going to have a challenge with around 10% of their (potential) graduates in that they would not have completed all their requirements to graduate by the end of November. Alan suggested that pushing the start of the Intern year to (around the 2nd week of) January would allow 100% of 6th year medical students to graduate. This is the exact time that PGY-1 Interns start in Australia. They happily manage the break between graduating and starting their 1st house surgeon jobs with a small holiday.

Alignment of term change-over dates for house surgeons and registrars

Change-over in Australia (and the UK) occurs in the first week of February and the 1st week of August (and May and November for 3-month runs). Given the international travel restrictions currently in place we are likely to be much more dependent on our own local workforces and an amount of trans-Tasman travel

Below is a list of issues as put together by my College, ACEM, of the advantages of aligning the training years across both sides of the Tasman. Obviously, we are one College however we believe it is highly likely that all the binational Colleges are likely to postulate very similar reasons to do this. I will of course be canvassing all of them. It is notable that the largest non-bi-national college RNZCGP used to have changeover in February and August but changed to align with the hospital-based specialities.

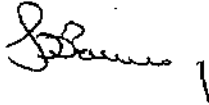
Following is a list of the potential benefits of aligning Term Dates across Australia and New Zealand.

- Administratively Colleges would only need to manage their training program with one set of dates
 - IT/Database functionality is the same for all trainees – removes complexity
 - ITA generation dates are the same for all trainees (ITA = in-training assessments)
 - Trainee Progression Review Panel meetings are at the same time for all trainees
 - Implementation of any initiatives and regulation and policy changes are the same start dates for all trainees
 - Decision making only needs to be made with one set of dates in mind, no disadvantage/advantage for one cohort
- Remove any actual or perceived inequality with examination timetables e.g.
 - Ability to meet examination eligibility requirements.
 - Primary Written is two months after the NZ medical year start date but one week after Australian medical training year start.
 - NZ Trainees progress after the Primary Viva mid-term, Australian trainees progress on the start of Term 2. Training milestones may not align with term dates for New Zealand trainees.
- May allow trainees to move between countries and continue their training without losing training time as they are moving on the same terms.
- Processes could be implemented and aligned e.g.
 - Training Fee Payment Schedule
 - Annual Trainee Placement Survey
- Selection into Training application dates and outcomes would be suitable for New Zealand Trainees. Round 2 is currently a very tight turnaround for New Zealand trainees between outcome and medical training year start date.

Clearly this a very complex thing to do. Of course, RMOs and in particular Trainee Registrars will need to be integral in the discussion. There are not insignificant contractual issues that will need to be addressed. It needs to be fair for everyone.

I would like this letter to formally initiate discussion and meetings between us all to discuss this further and progress it. Dr Walker on behalf of MCNZ has declared himself to be "interested but agnostic" on this issue so may not need to be directly involved. I look forward to a zoom meeting in the week of 4th May to further this issue

Ngā mihi

A handwritten signature in black ink, appearing to read 'John Bonning', with a vertical line extending downwards from the end of the signature.

Dr John Bonning,
Chair CMC

Letter from Council of Medical Colleges in New Zealand (22 May 2020)

Australasian College for
Emergency Medicine

Australian and New Zealand
College of Anaesthetists

College of Intensive Care
Medicine of Australia and New
Zealand

New Zealand College of Public
Health Medicine

Royal Australasian College of
Medical Administrators

Royal Australasian College of
Surgeons

Royal Australian and New
Zealand College of Obstetricians
and Gynaecologists

The Royal Australian and New
Zealand College of
Ophthalmologists

The Royal Australasian College
of Physicians

The Royal Australian and New
Zealand College of Psychiatrists

The Royal Australian and New
Zealand College of Radiologists

The Royal College of
Pathologists of Australasia

The Royal New Zealand College
of General Practitioners

Royal New Zealand College of
Urgent Care

Australasian College of Sport
and Exercise Physicians

Council of Medical Colleges in New Zealand

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22 May 2020

Dr Andrew Simpson
Chief Medical Officer
Ministry of Education

Dr Nick Baker
Chief Medical Officer
Nelson Marlborough DHB

Dr Peter Bramley
Lead DHB CEO
Nelson Marlborough DHB

Via email: Andrew.simpson@health.govt.nz
Nick.baker@nmdhb.govt.nz
peter.bramley@nmdhb.govt.nz

Tēnā koe Andrew, Nick and Peter

Alignment of Australian and New Zealand training years and registrar rotation schedules

I write to you in my capacity as Chair of the Council of Medical Colleges (CMC), and secondarily as President of the Australasian College for Emergency Medicine (ACEM). The purpose is to discuss the re-alignment of the training year in New Zealand to match the rotation schedule (change-over dates) in Australia.

A significant number of the members of the CMC, the Presidents and New Zealand Chairs of both New Zealand-only and bi-national Medical Colleges wish to recommend changing the New Zealand training year for vocational/specialist trainee registrars, including its rotation schedules, to align with those of Australia. Secondarily and for similar reasons alluded to below, this would involve a re-alignment of all other grades, including trainee interns, postgraduate year 1 (PGY1) and PGY2 doctors.

Background

Due to the COVID-19 pandemic, there has been significant impact on all aspects of healthcare, and in particular on the provision of medical education and training. During the period from March to May 2020, there were numerous interruptions to training rotations across the spectrum of undergraduate, postgraduate, prevocational and vocational medical personnel. Training milestones could not be reached and teaching that was significantly disrupted.

There have been several communications received that suggested the deferment of the current rotation dates. Correspondence to the Council of Medical Colleges (CMC) (as on 17 April 2020) from Dr Nick Baker (Chair of Chief Medical Officers (CMOs) Board), Dr Peter Bramley (Leader Chief Executive Office DHB) and Dr Heath Lash (Chairman of Specialties

trainees of New Zealand (SToNZ) recommended that the rotation be moved forward with four weeks – from May and June to late June and July 2020. Further correspondence from SToNZ (as on 21 April 2020), advised that they felt that the rotation should also be moved forward to start in January 2021, as a flow-on effect. The CMC has since liaised with the majority of relevant stakeholders to discuss this.

Following this, I sent letters (dated 1 May 2020) to the CMC Board membership and a copy of the same letter to Professor Subramaniam, Professor Merry, Dr Curtis Walker (Chair of the Medical Council of New Zealand (MCNZ)), Mr Andrew Connelly (Immediate Past Chair of the MCNZ and member Health Workforce Advisory Committee (HWAC)), and yourselves to set out a proposal for the alignment of the New Zealand and Australia training term dates. I also initiated formal discussions with each of these recipients. A copy of this letter has been attached (see *Appendix 1*).

Whilst our remit is primarily with vocational trainee registrars, we have also been approached by the Deans of both the Medical Schools, Professor Rathan Subramaniam (Dean, Otago Medical School) and Professor Alan Merry (Dean, Auckland Medical School), advising us of potential difficulties in graduating all their final year medical students before the end of the year. The Deans have no doubt communicated with you regarding this. This was further clarified on 11 May 2020, when Dr Curtis Walker and myself met with the Chancellors from both universities, who clarified they may have some difficulty graduating all of the final year medical students by November 2020. This is mainly due to the disruptions to training from this pandemic and are looking to recommend graduation them by January 2021. This would mean that the PGY1-year would commence in January 2021, as opposed to late November 2020. Similarly, if the rotations of PGY1s and PGY2s are not shifted accordingly, there will be a significant gap in all hospitals across New Zealand.

That same day, the CMC Board met with the MCNZ, i.e. with Dr Curtis Walker and Joan Simeon (Chief Executive Officer of the MCNZ) who have advised us there will be no medical regulatory barriers to change the date for rotations. This was followed up with further correspondence to Dr Nick Baker about the CMC's intention to submit our recommendations to your office.

To date, CMC only received strong support from the sector, but at the same time acknowledges there will be not insignificant industrial and workforce issues to work through. The support from the two unions, SToNZ and the New Zealand Resident Doctors Association (NZRDA) will be critical. Given the amount of discussion that has occurred within the health sector to date, I am sure you will agree they need to be engaged formally, as soon as possible.

Further, we have had communication with Ellie Baxter of the New Zealand Medical Students' Association (NZMSA), which was followed up with further informal discussions regarding this issue. I have been sent the survey of Trainee Interns (which I assume you have) that seemed somewhat reticent about the change. This was mainly due to the fact that they had only heard rumours of the change, and due to the financial imposte of a delay in starting employment adding more pressure.

Just to be very clear, while the initial impetus to shift the rotation schedule (change-over dates) forward by four weeks (as laid out in the letter of 17 April 2020), it is our clear desire that this be shifted a little further to align with the rotation schedules (change-over dates) with Australia. Reasons for this have been elucidated further below. This would be early to mid-January for the PGY1s, and the first week of February for all registrars (vocational/specialist trainees). The alignment with Australia has been postulated for many years, but always been felt to be too difficult. Now seems a perfect opportunity.

Recommendation

At its CMC meeting held 11 May 2020, the CMC Board recommended that New Zealand aligns its training year (with rotation schedules) with that of Australia.

The reason for its decisions, in order of significance:

- a. Within the context and the impact of COVID-19, it would support all medical training providers to adequately train and prepare students and trainees for their examinations. It will therefore remove inequity around the timing of examinations and training terms.
- b. The initially proposed deferrals described herein, move the dates much closer to the existing Australian rotation schedule (change-over dates).
- c. On page 2 of the letter of 1 May (Appendix 1) are a detailed list of the reasons the bi-national Colleges favour alignment (irrespective of the COVID-19 issues) to simplify College training systems and dates, assessment (in-training assessments – ITAs) and examination processes, eliminate actual or perceived inequities in timing of exams and simplify selection into training.
- d. By moving the training year for PGY1s to January, and registrar (vocational/specialist trainees) rotation to the first week of February, it would enhance quality of care (with more experienced RMOs) over the Christmas shutdown period.
- e. For many years it has been proposed that it would be advantageous to align both Australia and New Zealand's training years and rotation schedules. The current circumstances and degree of urgency has never been more obtainable than now.
- f. Due to travel restrictions, New Zealand and Australia will most likely have to be more co-dependent on each other for training and their medical workforce. Historically, both countries heavily relied on workforce (particularly registrars) from the United Kingdom and Ireland.

Consequently, the following Colleges (both New Zealand-only and bi-national Colleges have submitted their support to the alignment of the training year and rotation schedules:

- a. Australasian College for Emergency Medicine (ACEM) (see Appendix 2)
- b. Australasian College of Sport and Exercise Physicians (ACSEP) (confirmed informally)
- c. Australian and New Zealand College of Anesthetists (ANZCA) (formal letter to follow)
- d. College of Intensive Care Medicine of Australia and New Zealand (CICM ANZ) (confirmed informally)
- e. New Zealand College of Public Health Medicine (NZPHM) (confirmed informally)
- f. Royal Australasian College of Medical Administrators (RACMA) (confirmed informally)

- g. Royal Australasian College of Physicians (RACP) (see *Appendix 3*)
- h. Royal Australasian College of Surgeons (RACS) (see *Appendix 4*)
- i. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) (see *Appendix 5*)
- j. Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG) (see *Appendix 6*)
- k. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) (see *Appendix 7*)
- l. The Royal Australian and New Zealand College of Radiologists (RANZCR) (see *Appendix 8*)
- m. The Royal College of Pathologists of Australasia (RCPA) (confirmed informally)
- n. The Royal New Zealand College of General Practitioners (RNZCGP) (confirmed informally)
- o. Royal New Zealand College of Urgent Care (RNZCUC) (confirmed informally).

Note that further clarification may come from some Colleges that are considering this issue, but none have expressed opposition to it.

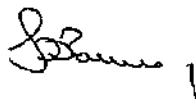
Next steps

CMC would welcome a meeting with yourself to discuss this, as we collaboratively seek an equitable medical and education training environment, and the additional workforce benefits this alignment would bring.

Further information or clarification

If you have any questions, please feel free to contact me via email: president@acem.org.au, or by phone: +64 21 663 760.

Nāku, nā



Dr John Bonning
CMC Chair

Letter from NZ Board of Plastic and Reconstructive Surgery



New Zealand Board of Plastic and Reconstructive Surgery



17 April 2020

Dr Nick Baker
Chair of CMO Group
Via email: Nick.Baker@nmdhb.govt.nz

Dear Nick

The New Zealand Board of Plastic and Reconstructive Surgery is aware of conversations within the CMO Group to change the RMO rotations for the remainder of 2020 due to COVID-19. We understand the CMO Group is considering cancelling rotations for 2020 or delaying the second rotation by four to six weeks. As a Specialty Training Board, this decision will affect training rotations for both plastic and reconstructive trainees and non-SET trainees who will be trying to attain selection requirements.

The Board would like to take the opportunity to advocate for the rotation to be delayed, and future rotation dates be adjusted to commence in January/February. We believe this is an excellent opportunity to change the rotation dates for the following reasons.

1. Under the current rotation dates, RMOs and SET Trainees join a department in mid-December when elective procedures are winding down for Christmas and New Year break. At a time when there is need for efficient throughput, new registrars who are unfamiliar with the unit can significantly impact on this. Furthermore, following this initial rush, there is minimal training for their first month, and training is significantly disrupted as many Trainers and Supervisors of Training are on leave shortly after the rotation commences. The new rotation date would increase the efficacy of DHB elective work prior to Christmas, as the Rotation would commence when SMO and RMOs return from Christmas leave strengthening training opportunities.
2. Timeliness of performance management for SET trainees on probation is often compromised under the current rotation dates. This would be significantly mitigated if rotations commenced in January/February, minimising risk to the trainee, the training programme and the DHB responsible for their employment.

Level 3, 8 Kent Terrace, Wellington, 6011, New Zealand
Call: +64 4 803 3020 Fax: +64 4 385 8873 Email: training@plasticsurgery.org.nz

OR VISIT: www.plasticsurgery.org.nz

3. Changing the rotation commencement dates would be more family friendly, as it will alleviate the current pre-Christmas moving stress for RMOs and their families, especially those with children completing their school year. It would also minimise the financial hardship encountered by trainees as they await reimbursements over the Christmas period.
4. A January/February rotation date would align better with DHB employment dates and Surgical SET Selection dates which currently conflict (i.e. Selection to a training programme is currently announced after DHB closing dates).
5. A revised date would align better with RMOs coming from overseas e.g. UK as they commence work in February.
6. A revised date would also align better for SET trainees who have completed training and are planning to head overseas to commence Fellowship posts allowing them to remain productive within the health system for the maximal period and minimising vacancies at the senior level.
7. Surgical units nationwide have experienced dramatic reductions in service delivery as a necessary casualty of the national COVID-19 response. This has directly impacted upon the quality and quantity of surgical education and training delivered over this period. There is a risk that mandatory training requirements may not be met by trainees due to this interruption, resulting in unsatisfactory rotations, possible training extensions and downstream issues with workforce planning. While individuals will be considered on a case-by-case basis, extending the current rotation by four to six weeks would present an opportunity to "make up for lost time" and avoid these difficult issues
8. A January/February rotation date would align more closely with the Australian rotation dates, which would have a positive impact on Australasian Medical Colleges and their trainees, especially those needing to transfer between the two countries for training or family reasons

We recognise the significant impacts changing rotation dates will likely have in the short term; however given the current environment these difficult decisions have to be made and are a potential positive for all concerned.

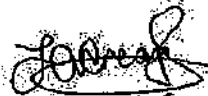
Level 3, 8 Kent Terrace, Wellington, 6011, New Zealand
Call: +64 4 803 3020 Fax: +64 4 385 8873 Email: training@plasticsurgery.org.nz

OR VISIT: www.plasticsurgery.org.nz

We hope you and the CMO group embrace the above factors and wish you well in this process.

On behalf of the New Zealand Board of Plastic and Reconstructive Surgery

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Terrence Creagh', written over a horizontal line.

Mr Terrence Creagh BA, BSc, MBChB, MRCS (Eng), FRACS (Plast)
Plastic, Reconstructive and Hand Surgeon
Chair, NZ Board of Plastic & Reconstructive Surgery

Cc: Chair, New Zealand Board in General Surgery
Chair, New Zealand Board of Orthopaedic Surgery
Chair, New Zealand Training Subcommittee of Otolaryngology
Andrew Simpson, Chief Medical Officer
Nicola Hill, Chair RACS National Board
Justine Petersen, Manager RACS NZ
Clinical Directors of PRS Training Units
Patrick Lyall, Dunedin Hospital

Letter from NZ National Board, Royal Australasian College of Surgeons



14 May 2020

Dr Nick Baker, Chair DHB's CMO Group
and Dr Peter Bramley, DHB's CE's Representative
Nelson Marlborough DHB
Private Bag 18
NELSON 7042

Via email

Level 3, 8 Kent Terrace
Wellington 6011 New Zealand
PO Box 7451 Newtown
Wellington 6242 New Zealand
Telephone +64 4 385 8247
Tollfree (NZ only): 0800 787 469
www.surgeons.org

Dear Nick and Peter

RMO rotation dates

Following on from my earlier email I wish to formally advise that the New Zealand National Board of the Royal Australasian College of Surgeons (RACS) supports the proposal to move the end of the training year / start of new training year rotation dates to January / February.

Our reasons for this are:

- Patient safety will be improved by moving from the current late November / December dates. We would not be bringing new clinical team members in at a time when services are disrupted and many of the more experienced team members are likely to be away.
- From a vocational training perspective, training experiences are also disrupted at that time with limited formal training sessions and many supervisors away.
- As a bi-national college, closer coordination with rotation change dates in Australia would assist with our selection and examination timetabling, as these activities need to be consistent in both countries.
- As one of the few colleges where some New Zealand trainees are required to undertake several years of their training in Australia (to achieve exposure to the appropriate range of clinical cases for their specialty), rotation change dates that are the same or close to those in Australia would be an advantage

This is supported by training boards for all nine of the RACS surgical specialties

Kind regards.



Nicola Hill FRACS
Chair, New Zealand National Board

Cc Dr John Bonning, Chair, Council of Medical Colleges
Assoc Professor Philip Carson, Censor in Chief, RACS
Dr Curtis Walker, Chair, Medical Council of New Zealand



Committed to
Indigenous health

Letter from NZ Board in General Surgery

New Zealand Board in General Surgery
Royal Australasian College of Surgeons, New Zealand Association of General Surgeons



New Zealand Training Committee

18 May 2020

Dr Nick Baker, Chair DHB CMOs
Via email: Nick.Baker@nmdhb.govt.nz

Dear Nick

The New Zealand Association of General Surgeons (NZAGS) is aware of discussions that are occurring regarding rotation dates for the rest of 2020 and this has led to a wider discussion about making a permanent change to the year of year rotation date from December to late January or early February. We are also aware that two other Surgical Specialties in New Zealand have written to you supporting this change plus the New Zealand Council of Medical Colleges have also written a letter supporting this change.

The NZAGS Training Committee have discussed this and support the change and we have also surveyed our trainees and a majority of them are supportive of this change.

The New Zealand Training Committee and NZAGS Trainees support this change for the following reasons – a number of these are also covered in the Correspondence from the NZ Orthopaedic Association and the NZ Board of Plastic and Reconstructive Surgery.

- 1) Trainees report that it is disruptive moving two weeks prior to Christmas and the holiday season and they would prefer to spend Christmas in the place where they have lived for the year.
- 2) Less disruptive for their children's schooling.
- 3) Starting at a new centre just prior to the holiday season is tricky with regards getting to know new Consultants and other staff as they are often just about to go on extended leave. Plus having to organise leave at a new Training centre is more difficult and as there is a general slowdown at this time of the year trainees feel that they potentially lose up to two months of training opportunities.
- 4) A January/February date is more in line with Australian rotation dates and on occasion we do get requests from NZ trainees to do a year's training in Australia and vice versa. If the dates were aligned this is an opportunity, we may be able to offer trainees in both general Surgical training programmes.
- 5) The date is more aligned with Australian Fellowship dates.
- 6) If there were issues identified in the End of Term significant delays in attending to these can arise as a result of the timing. In fact, this was an issue for NZAGS about two years ago and caused significant difficulties for the PMP process.

There are many parties that need to have input to this discussion and it may not be an easy process. To reiterate the New Zealand Association of General Surgeons fully supports the proposal to move the end of year RMO Rotation date from December to late January.

New Zealand Board in General Surgery
Royal Australasian College of Surgeons, New Zealand Association of General Surgeons



New Zealand Training Committee

Kind regards

A handwritten signature in black ink, appearing to read 'Simon Bann'.

Mr Simon Bann, FRACS
Chair, New Zealand Board in General Surgery

A handwritten signature in black ink, appearing to read 'Dave Moss'.

Mr Dave Moss, FRACS
Chair, New Zealand Training Committee

Louise Torr

From: Aaron Crawford <Aaron.Crawford@tas.health.nz>
Sent: Wednesday, 17 June 2020 5:29 PM
To: Terina Davis (terina.davis@nra.health.nz); Bernadine McGruddy; Bronwyn Hamilton; Christine Wood; Jan Simeon; Julie Gibbs; Bridget Laycock; Karen Schaab; Loretta Matheson; Louise Torr; Penny Blackley (Contact); Rhonda Skilling; Shikha Ngatai; Heather Rawiri (NRA); Daisy Hunter (NRA); Sally McLean; rmounit@hbdhb.govt.nz; Andrea Coxhead; Carleeen Dahya; Natalie Atkinson; Michelle Deacon; Jackie Sewell; Matt Pontin; Marlene Griffin; Vicki Harman; Tina Harrop; Penny Barlow; Barbara Cook; Susan Andrews; Jacqui Mabin; Jenny Rutherford; Karl Haase; Donna Addidle
Subject: Ahead of tomorrow's RMO Unit managers' Zoom meeting

Hi All,

Ahead of tomorrow's RMO Unit managers' Zoom meeting, a heads up that you should receive a copy of the consultation document that is going out to key stakeholders in the sector advising of the proposed changes to rotation dates for the 2021 training year.

The proposed dates are as follows:

	Run	Current 2021 Rotation Dates	Proposed 2021 Rotation Dates
House Officers	1	Monday, 30 November 2020	Monday, 18 January 2021
	2	Monday, 1 March 2021	Monday, 19 April 2021
	3	Monday, 31 May 2021	Monday, 19 July 2021
	4	Monday, 30 August 2021	Monday, 18 October 2021
Registrars	1	Monday, 14 December 2020	Monday, 25 January 2021*
	2	Monday, 14 June 2021	Monday, 26 July 2021

* Wellington Anniversary

There are also questions about how, or whether, rotation dates for house officers for the balance of the 2020 training year are shifted. The options discussed in the paper are as follows:

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

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

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.

I'm able to give more background to this proposal on tomorrow's call.

Regards

Aaron



Aaron Crawford

ER Specialist

Employment Relations Team

Strategic Workforce Services

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