



**TINNITUS – Newsletter of the NZMA Doctors-in-Training Council
MAY 2011**

The DiTC met in February to discuss a range of issues facing NZ doctors-in-training in 2011. We have unique access to discuss issues with policymakers and we represent YOU. The DiTC addresses wider issues around optimising training for NZ doctors with policymakers and other stakeholders. In this time of change, now more than ever, the DiTC needs your input to be most effective in addressing your needs.

We need a forum to discuss the issues at hand, so we've launched a new [Facebook page](#), and have included a quick survey to get your input.

Some of the issues we are facing include:

- HWNZ's career planning guidelines
- Pros and Cons of limited prescribing rights for trainee interns
- Alcohol Law Reform Bill
- Advanced Training Scheme
- Ensuring effective doctors-in training representation
- Extended absences from medical practice and the need for some guidance to be available for trainees in this position and wishing to return to the workforce
- Medical parents guide which is now being developed
- 2011 DiTC Trainee Forum
- GP Trainee Scheme and the unexpected disbandment of the GP Reference Group.

Please contact us about any of these issues with your thoughts, ideas and questions.

In particular, we'd like to draw your attention to two topics that we look forward to hearing your thoughts on:

Health Workforce New Zealand (HWNZ) Career Planning

What have you heard about this? What are your thoughts? The HWNZ website is the best place to get clear information about what this 'Career Planning' is all about:

<http://www.healthworkforce.govt.nz/health-career/career-planning/frequently-asked-questions>.

The DiTC has been closely monitoring how the Career Planning model is being implemented. We are cautiously optimistic that this will indeed be in the best interest of both trainees and the NZ health workforce.

The DiTC has also been concerned by the lack of attention paid towards doctors in PGY years 2 to 4, especially those who have not made up their mind yet. These RMOs can feel disillusioned by the system that doesn't respect non-training-programme RMOs. Emily Gill (DiTC Deputy Chair) was one of these RMOs! The DiTC would welcome your feedback about concerns or hopes you have for the career planning process.

Specialists vs Generalists vs Partialists

Doctors-in-training are the future of the medical profession. We must shape medicine of the future into a sustainable, comprehensive and quality service. Historically, doctors are divided into 'specialists' and 'generalists'. Rather than being simply a jargon specific lexicon

denoting range of practice, the words 'specialist' and 'generalist' are sometimes attributed their lay definitions and are used to imply that doctors are either 'special' or just the general, standard affair. Certainly, this is how the public perceives the difference!

Increasingly, this division is being challenged as we recognise that the growing, aging population with chronic and undifferentiated medical conditions requires 'generalists' to acquire specialised skills and 'specialists' to devolve some of their traditional care back to 'generalists' as well as taking a broad view of the context of specialised care delivery.

Recently the term 'partialist' was touted by Dr Tane Taylor for traditional 'specialists.' This implies that these doctors know a lot about a part of medicine as opposed to doctors who know 'generally' about a lot. It is certainly food for thought – both about ourselves and our colleagues.

What do you say, let's change the playing field?!?!?

Have your say!

Emily Gill (Deputy Chair DiTC)
Brandon Adams (member DiTC and reformed 'partialist'!)

We welcome your comments and feedback.
Contact us at ditc@nzma.org.nz.

This week, along with the DiTC Facebook page, the NZMA also launched its new logo (see below). We'll also be launching a new website soon – keep an eye out for updates!

