



NEW ZEALAND MEDICAL ASSOCIATION

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Career Planning for Doctors-In-Training

We are pleased to be able to provide comment on this proposal although the extremely tight consultation timeframe has meant that by necessity the feedback is not as full as it otherwise might have been.

While the NZMA supports the principle of establishing career plans for doctors-in-training, these plans will need adequate planning and resources in order to succeed. It must also neither be overly bureaucratic nor force trainees down paths they do not wish to go.

The plan is likely to appeal to young, single specialty minded graduates. However, those graduates who wish to examine a wide range of career paths or those who wish to have more flexibility in their training (because they take time out to have children or other reasons), may find the career plan daunting and limiting. In particular, the career plan should allow for identification of family and partner/spouse considerations when identifying “Possible Learning Constraints”.

We are also concerned about cross-DHB implementation. As you will be aware a doctor-in-training over the course of that training is likely to work for multiple employers. This is confusing when the document asks the trainee “Which of my options responds best to my employer and workforce needs”. Who is this employer? The one the trainee works for in PGY1 or the one the trainee is working for 3 years into his/her vocational training? Furthermore, does the next DHB the trainee move to as part of his/her training have to comply with a career plan created by another employer? How would this be monitored and enforced?

There needs to be clarity and concision for the expectations of DHBs in order for them to receive funding. It is important that the development of the career plan by itself does not become the objective. It must be followed up and the plan must contain sufficient detail for it

to be worthwhile. Matters it could address and audit include protected hours of teaching during work and guaranteed study leave to attend the courses and examinations identified as requirements the individual's career plan.

We note the section on "conversations" about a career plan and the requirement of these discussions to occur between trainee and manager. Doctors-in-training have indicated that the most useful discussions they have received about their career path have generally come from consultants who understand the complexities underlying the practice of medicine and have experienced the formative years of training. It is crucial that consultant input be a formal part of the process.

The comments above notwithstanding we look forward to the further development of this plan and to the opportunity for further input. We also trust that once implemented the effectiveness of the plan is monitored and changes made as necessary.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Foley', written in a cursive style.

Dr Peter Foley
Chair, NZMA