

Clause 11

11.0 Protection of Training Programmes

- 11.1. The parties acknowledge that the Medical Council of New Zealand is currently considering possible developments to the education and training framework for first and second year house officers. The parties acknowledge the potential implications of such work and will work together to ensure the potential mutual impacts on the parties add value, are constructive, and delivered by cost effective means.
- 11.2. Pastoral Care & Progression

The Employer will facilitate a collegial supervisor and pastoral care for all RMOs in line with MCNZ and specialty College Policies. Where possible the Employer will support individual RMOs to identify an appropriate collegial supervisor, appropriate to their chosen specialty career pathway.
- 11.3. The parties acknowledge that the education of employees under a provisional general scope of practice is determined by the Medical Council and all other RMOs are training under the supervision of Te Whatu Ora employees and in the case of training programmes, the appropriate professional college or vocational registration training body.
- 11.4. Given the importance of education and training for RMOs in so far as it is within the control of the party(s) there will be no change to the manner in which these services are provided unless agreed between the parties and set out in this agreement.
- 11.5. During the term of this Agreement the parties shall meet to consider options for future contractual relationships between the parties regarding matters discussed in this clause.
- 11.6. The appointment process of each employer shall not be changed without consultation between the employer and STONZ.
- 11.7. When a run change results in a reduction in ordinary hours worked there will be consideration of the impact on training, and changes made to ameliorate loss of opportunity as well as to take advantage of new training opportunities. No change in working hours shall be made that breaches the rules and requirements of a college training programme.
- 11.8. Service provision requirements shall not override or detract from the training requirements stipulated by the respective college or overseeing vocational training body for registrars on a vocational training pathway.
- 11.9. Any disputes around this issue should be managed within the service in the first instance but may be escalated to the Chief Medical Officer and STONZ.

APPENDIX 1: Best Practice Guidelines – Training & Teaching

Training and changed patterns of work

Protecting and enhancing the training environment for RMOs when patterns of work or hours of work change.

Introduction

RMOs are a critical component of the patient care team especially at times traditionally considered out of normal hours, but they are also employed to be trained as the future hospital and general practice specialist workforce. Where it proves necessary to move the hours of work of RMOs there is a risk that they may lose opportunities to take part in activities that contribute to their training. These may be specific training activities or the learning that happens as part of the process of care that occurs less out of normal hours.

Training and learning activities

1. Training in the process of providing patient care

There are a range of normal activities involved in patient care that are part of a RMO's clinical responsibilities and which also support the development of RMOs. Participating in these and with the SMOs and other health professionals is an important part of learning. Moving to more out of hours work also carries the risk of detaching the RMO from regular contact with the SMOs in particular.

Examples of such activities include:

- Ward Rounds
- MDT cancer meetings
- Interdisciplinary meetings
- Family meetings
- Grand rounds
- Quality improvement events – e.g., Mortality & Morbidity review
- Radiology and Histology review meetings
- Theatre and procedural intervention sessions
- Learning from the total patient journey (continuity)
- and other clinical processes which are limited to largely within the 8am to 4pm weekdays

2. Formal teaching and learning events

Te Whatu Ora and services within it have a range of activities specific to learning and development. These would almost always occur during office hours and may therefore be less available to RMOs where roster changes see RMOs working less during ordinary hours:

Examples include:

- Scheduled teaching sessions
- Simulation
- Procedural training
- Journal club similar presentations

3. New training opportunities created by changing practice such as acute service provision out of hours

Where roster changes create a new working experience, for example acute service provision with increased direct SMO participation there may be new training opportunities. These may not be fully realised without specific consideration and planning.

4. Process

Purpose:

To ameliorate the effect of RMO roster changes, which may increase the proportion of out of hours work or create more days off during the week.

Training schedule:

Each service should have an established outline of the training programme for their RMO roles. This should include all the formal learning and teaching events, but also a description of the scenarios where there are learning opportunities.

The training schedule should be regularly reviewed noting that services change their activity pattern regularly. The training guidelines should be considered when undertaking run reviews (or a run change) to ensure that the effects on training are understood, accounted for and new opportunities realised.

Process:

Where a roster changes to a state where there is a reduction in ordinary hours worked then the impact on training should be assessed. This process should review the previously established training opportunity for each RMO role against the new roster.

Procedure:

Where training opportunities are lost, for example lessened access to scheduled theatre sessions, clinics, MDT meetings, etc. then solutions should be pursued which ensure that the opportunity lost in that training activity is replaced elsewhere unless the residual time is assessed as being sufficient for training – taking advice and input from RMOs, SMOs and the supervisor of training. The new pattern of working should be considered to seek new training opportunities in out of hours work. These may arise for example where SMOs are taking a more direct role in acute care and can train as part of providing acute care. This process should be documented as a revised training schedule for each RMO role.

Overview – Application

The education of RMOs under a provisional general scope of practice is determined by the Medical Council of New Zealand (MCNZ). All other RMOs are training under the supervision of District employees and in the case of training programmes, the appropriate professional college or vocational registration training body. Given the importance of education and training for RMOs in so far as it is within the control of the party(s) there will be no change to the manner in which these services are provided unless agreed between the parties.

The MCNZ has a joint memorandum of understanding on a common accreditation process with the Australian Medical Council for those training organisations providing such programmes in both Australia and New Zealand. MCNZ requires training organisations in New Zealand to satisfy essentially the same standards in the interests of maintaining consistency between both countries and ensuring the delivery of high-quality health care to the people of New Zealand. Both sets of standards include New Zealand-specific requirements.

The Districts as training providers are accredited by MCNZ, or the professional college or vocational registration body (training organisation) to deliver training programmes. As a training provider the Districts undergo a process of accreditation every 3-4 years, or earlier dependent on the training programme. There are approved standards for accreditation of training providers and standards for accreditation of clinical attachments to improve the quality of training and ensure that every clinical attachment provides a quality educational experience with appropriate supervision.

District service provision requirements should not override or detract from the training requirements stipulated by the respective college or overseeing vocational training body for registrars on a vocational training pathway. Any disputes around this issue should be managed within the service in the first instance but may be escalated to the Chief Medical Officer and STONZ.

General Registrants not in a vocational training programme

Health NZ and STONZ have a shared interest that RMOs who are general registrants who are not in a vocational training programme have access to;

- Pastoral care
- Mentoring
- Career guidance

RMOs registered in the General scope of practice, and not in a vocational training programme, must participate in the Inpractice recertification programme administered by the Best Practice Advocacy Centre New Zealand (bpacNZ). The monitoring of collegial relationships for general registrants is managed within the Inpractice programme.

RMOs participating in Inpractice recertification programme are required to establish a collegial relationship with a vocationally-registered colleague. The main purpose is to ensure that a RMOs professional development plan (PDP) and Continuing Professional Development (CPD) activities are appropriate for the area of medicine they are working in.

There are various aspects to the collegial relationship; it covers both the clinical and non-clinical aspects of a RMOs professional activities. The purpose of the relationship is to help the RMO maintain their competence by guiding and facilitating planning for continuing learning and reflective practice. The Districts acknowledge their role to ensure they facilitate RMOs having an appropriate collegial relationship that meet these objectives.

Training and changed patterns of work

RMOs are a critical component of the patient care team especially at times traditionally considered out of normal hours, but they are also employed to be trained as the future hospital and general practice specialist workforce. Where it proves necessary to move the hours of work of RMOs there is a risk that they may lose opportunities to take part in activities that contribute to their training. These may be specific training activities or the learning that happens as part of the process of care that occurs less out of normal hours.

Where roster changes create a new working experience, for example acute service provision with increased direct SMO participation there may be new training opportunities. These may not be fully realised without specific consideration and planning.

Each service should have an established outline of the training programme for their RMO roles. This should include all the formal learning and teaching events, but also a description of the scenarios where there are learning opportunities.

The training schedule should be regularly reviewed noting that services change their activity pattern regularly. The training guidelines should be considered when undertaking run reviews (or a run change) to ensure that the effects on training are understood, accounted for and new opportunities realised.

Where a roster changes to a state where there is a reduction in ordinary hours worked then the impact on training should be assessed. This should be carried out in accordance with the process detailed at Appendix 1: Best Practice Guidelines – Training & Teaching of the STONZ CA.

Frequently Asked Questions (FAQs)

1. The District is considering reviewing its appointment process for RMOs do they need to liaise with STONZ?
 - Yes the District should consult with STONZ prior to making any changes to its appointment policy.
2. Do the requirements at clause 11.6 apply to all run description changes?
 - This relates to where a run change results in a reduction in the ordinary hours worked i.e. where this will be less than 40 per week (Monday to Friday not less than 8 hours per day generally between the hours of 7.30 am and 5.30 pm).
 - As part of the process for any change to a run description any impact on training will be considered and detailed in the change proposal. This includes as a training provider assessing any changes to runs that may breach the rules and requirements of a college training programme and put accreditation of the run at risk.
3. How can I raise concerns about the training programme at my District?
 - You can provide anonymous feedback as part of the run feedback process that Districts undertake at the end of each run rotation.
 - You can discuss this with your Educational Supervisor or Supervising Consultant.
 - You can document this as part of your end of run assessment.
 - You can raise this with your Clinical Director or College Representative at your District.
 - You can raise with your local STONZ Delegate or contact STONZ directly.

Comparison STONZ and NZRDA CAs

The following table sets out where there are differences between the STONZ CA and NZRDA CA. Where there is no difference between clauses no detail has been provided in the comparison table.

	STONZ CA Clause 11.0	NZRDA CA Clause 7.0
Protection of Training Programmes	<p>Clause 11.2 Pastoral Care and Progression</p> <p>The Employer will facilitate a collegial supervisor and pastoral care for all RMOs in line with MCNZ and specialty College Policies. Where possible the Employer will support individual RMOs to identify an appropriate collegial supervisor, appropriate to their chosen specialty career pathway.</p> <p>Clause 11.7 and 11.8</p> <p>Service provision requirements shall not override or detract from the training requirements stipulated by the respective college or overseeing vocational training body for registrars on a vocational training pathway.</p> <p>Any disputes around this issue should be managed within the service in the first instance, but may be escalated to the Chief Medical Officer and STONZ.</p> <p>Clause 6.7</p> <p>Note comparable clause in STONZ CA under clause 6.7 which allows for runs/rotations outside the District setting whilst they remain the employee of the District. Agreement is with the individual RMO and advised in accordance with clause 6.1.</p>	<p>Wording not in the NZRDA CA</p> <p>Clause 7.6</p> <p>The parties agree that runs initiated by the HNZ outside of the current HNZ hospital setting are possible provided that these runs are suitable to meet the normal registration and training requirements of HNZ hospital runs and allocated in the same manner as are runs within the HNZ hospitals. During such a run (outside of the current HNZ hospital setting), the RMO shall remain an employee of the HNZ and the terms that apply to those runs are agreed between the parties. The terms and conditions of the CA will continue to apply.</p>