STONZ Key Considerations for Resident Medical Officer (RMO) Workforce Planning

This document outlines what STONZ would like to see acknowledged in any 'Action plan' developed by Te Whatu Ora.

- **Investing in current and new workforce:** Solving current workforce shortcomings involves investing heavily into the medical student's pipeline, but more importantly, must include RMOs already within it who we are failing.
- **Safe Progression:** All RMOs are specialists in training and need a nurturing and safe progression between medical school to graduating specialist.
- **Security of Employment:** The time required to become a competent and confident specialist is significant and security of employment needs greater attention.
- **Unblended Training:** We need to remove the barriers for progression. There are many 'unblended' stages of training, and we need to consider shortening the compulsory nature or removing rigidity in 'time' of the current pathways to ensure flexibility within the system to allow breaks (e.g., family or sabbaticals).
- **Growing dissatisfaction:** Training bottlenecks, relief runs, fragmented rosters, decreasing caseloads and a long tenure (10-20 years) as a RMO is leading to a workforce that is dissatisfied, under-skilled, lacking in confidence, reluctant to progress and reluctant to be at work.
- **Dilution of clinical experience:** The more removed from clinical intensity/momentum a RMO is, the void quickly gets filled with administration which leads to dissatisfaction.
- **Outsourcing:** The health system is outsourcing to private so needs to allow movement of public funding into the private sector. This movement must include RMOs to maintain adequate training opportunities.
- **Lack of investment:** The current workforce issues can also be attributed to lack of investment in physical resources which then affects our ability to train and retain at all levels.
- **Confusing terms:** Current terminology for RMOs is confusing for health professionals and the public. Current terms do not communicate the progression and competence of the doctor to the community e.g., Trainee Intern, House Officer, Registrar.

Pay Parity

There is a sense that RMOs are becoming "cheap doctors" with growing numbers of RMOs proportionate to SMOs, longer hours for RMOs, and fewer opportunities to advance to SMO. Data outlining this has been provided to the Minister.

Hours worked; Data from the Medical Council's annual workforce survey shows that while both RMO and SMO numbers (per 100k population) have increased since 2014, RMOs have had a 9% increase in hours worked while SMOs have had a decrease of 3%. This is underscored in comments from members about increasing workloads. It should be noted that while there are some duties available to RMOs for working extra hours there is no system of penal rates or other loadings.

Calculated in real terms the pay rates for RMO have decreased 11% since 2014. By comparison, nurses have seen a 5% real increase. Factoring in the current NZNO MECA rates as the minimum rates, nurses are now paid more than RMOs across a number of categories. STONZ is advocating for pay parity with other workforces at our 2023 Negotiations and first raised this with the Minister of Health in 2022. A recent survey of 652 STONZ members indicates that 66% of respondents do not feel fairly remunerated for the work that they do.

STONZ also believes that key to this, is to have a transparent model of remuneration which clearly recognises the type of work, and the hours worked by RMOs and are currently working on a project alongside Te Whatu Ora to try and achieve this.

Training Pathway Challenges

There is a common perspective that becoming a doctor is a linear process. A medical graduate attends medical school, secures a job as a training doctor, does years of being a training doctor and then becomes a consultant. The public perception is then those specialists, including GPs earn lots of money and retire. We argue that this is not true.

The current reality and future projections demonstrate a complex, political, restrictive, and layered training progression. While the system fixes usually called for is more medical students, trainees, or funding; we believe that this alone will not fix the pipeline challenges.

PGY1 Positions

STONZ supports the NZMSA advocacy that all graduates from New Zealand Medical Schools should be provided with the opportunity to work in Aotearoa within Te Whatu Ora. STONZ also support the review of the ACE process and the criteria by which students are given preference for positions over others.

However, STONZ cannot support the increase in medical student numbers and therefore the number of PGY1 positions until the broader workforce challenges Impacting RMOs, including the dilution of training and ability to progress are addressed.

Aspirations for the RMO workforce

Current Specialty Trainee	Future Specialty Trainee
Starting a hospital SMO position following a highly prescriptive, restrictive, and time-consuming pathway.	Starting hospital SMO position following a constructive program where each step leads into the next.
Undervalued for time and social hours sacrifice and unwilling to continue to contribute to the public sector workforce.	Highly valued, well-trained specialists willing to contribute to Aotearoa's growing health needs.
Strained personal relationships.	Robust support networks.
Delayed or unnecessarily complex family planning.	Engaged in family planning throughout training.
Lacking confidence and uncertain about their future.	Confident, competent, and committed with secure employment pathways.
Diluted, prolonged, low case volume, low-intensity training resulting in low confidence and work avoidant RMOs.	Concentrated, high case volume, safe and appropriate intensity training.

Following a recent survey completed by 652 RMOs, when asked in their opinion what the main concerns affecting the RMO workforce are right now, the responses were:

1. RMO Resourcing
2. Remuneration
3. Payroll and Reimbursements – the ability to receive accurate and timely payments.
4. Impact of Allied and technical staff Resourcing.
5. Out-sourcing and Out-listing and the impact on Training.

STONZ vision is that we need to invest more into the doctors already in our pipeline. Ensuring our current training specialists get adequate and rewarding training to meet the unmet needs of New Zealanders and our communities across Aotearoa.