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Tēnā kōrua Elizabeth & Kate,

RE: People & Culture - Consultation Proposal, RMO Recruitment

Thank you for the opportunity to provide feedback on the recent People and Culture consultation. Following the consultation period, we submit the following feedback.

Our interpretation of the document regarding Resident Medical Officer (RMO) recruitment is that there are three aspects of the proposal that will specifically impact the coordination and support of RMOs, which we will comment on separately below.

- The alignment/reporting lines for the Auckland Region and Mid-Central RMO support Services.
- The proposal to change the RMO Recruitment structure.
- The proposal to centralise CME and work-related expenses for RMOs.

In addition to the above, while not directly related, we have concerns about the changes proposed to the Chief Wellbeing Officer.

The alignment/reporting lines for the Auckland Region and Mid-Central RMO support Services
The Auckland Region and Mid-Central District are currently outliers when comparing reporting lines and alignment to other teams. We support the alignment of these teams to Hospital and Specialist services.

The proposal to change the RMO Recruitment structure
There are two main types of recruitment currently undertaken by RMOs units and support services:

Firstly, the Annual Recruitment Cycle (ARC), which for the most part, except for new PGY1 House Officers, is largely a transfer and allocation process of current employees. Many will move across districts and across specialties, some of their own accord, others directed by colleges or recommended to move by SMOs. The ARC process works towards all RMO appointments and allocations having concluded in time for the start of each new RMO year, starting in January/February of the following year.

Secondly, the 'ad-hoc' recruitment that continues throughout the year to fill vacancies that arise, which often includes international recruitment.

Our understanding from the consultation document and our discussions with you is that the recruitment currently done by RMO Units (i.e. the annual recruitment cycle and ad-hoc placements – both national and international) is not impacted by this consultation and that it will stay within those units regardless of whether they currently fall under P&C or HSS. We do not support Recruitment (particularly the ARC) being removed from RMO Support Services, however, do highlight that they need to be properly resourced to do this well.

The intention appears to consider the possibility of streamlining international recruitment campaigns for RMOs and providing overarching support in areas such as immigration, occupational health, MCNZ, and technology to the RMO Units and Services. If this is the case, we would support some national coordination for international recruitment campaigns, with the proviso that there is direct and ongoing collaboration with the RMO Units managers as the experts in RMO training and our Collective Agreement. A coordinated and targeted strategy for international RMO Recruitment is something that has been successful in the past for RMOs but has not been supported or resourced in recent years.

RMO recruitment is complex; it weaves and interplays with many other aspects of the work done by RMO Units and we think it could have a devastating impact on the quality of service provided to RMOs if it were removed without robust consultation and planning. Whilst we believe there are always opportunities to do things better, our team has first-hand experience of being involved in these processes from working within the RMO units, and as union representatives, where we see recruitment being handled by those who are not familiar with RMOs this often results in poorer outcomes.

That being said – whatever the future for RMO recruitment, we agree we need to think about the wider support of RMOs and RMO support teams from a national, regional, and local perspective. We have already had initial conversations regarding this with the RDSS team.

Currently, RMO recruitment (ARC & ad-hoc) is managed regionally or locally. From our perspective, there are good practices that can be taken from both of these approaches. There are aspects that we could possibly see benefiting from a national or regional approach. Ultimately, it is those working directly with RMOs who understand the challenges and get to know them best. And at the end of the day, we believe it is a relationship model and not necessarily a one-size-fits-all. While we want national consistency – what currently works well in one district, or region may not in another.

We request that any further consideration of changes to models or structure that may impact the recruitment of RMOs is discussed with STONZ collaboratively before any further changes are proposed.

The proposal to centralise CME and work-related expenses for RMOs.
Whilst we support national consistency, again, we caution against making decisions without fully understanding how these entitlements and processes interplay with training, allocations and recruitment and other responsibilities that currently sit under the remit of the RMO Units. If the aim is to create efficiencies, ease of process for all parties as well as create depth of understanding and something that is sustainable, this again needs robust and thorough consultation.

The RDSS team are already progressing work to centralise RMO training budgets and create efficiencies for RMOs and RMO units, and we support this work continuing to be led by the RDSS.

Change from Chief Wellbeing Officer to Chief Clinical Partner
When it was announced that Te Whatu Ora was investing and supporting the appointment of a Chief Wellbeing Officer, this was welcomed by our team and members. Despite the turmoil, it was a glimmer of hope that the wellbeing of the health workforce was finally being acknowledged. STONZ has had excellent engagement with the current Chief Wellbeing Officer to date, including attendance at our 2024 Delegate conference, and the feedback was overwhelmingly positive. The general consensus was that even though there was a long way to go, having someone appointed to champion wellbeing was a step forward in the right direction.

The proposal indicates a change to 'Chief Clinical Partner' – it is not clear to us what this means and what the intention of the role is. Regardless, even if the substantive part of the role remains 'wellbeing' our fear is that the perception and rhetoric will be that Te Whatu Ora is disestablishing wellbeing. Why is there a need to hide the word wellbeing when it has resonated so well with the workforce? The Chief Wellbeing Officer title is an internationally recognised role, and if the core function of this role is wellbeing, then the word needs to remain as a core part of the role title.

Final comments
Through various conversations, it continues to be highlighted that as an organisation, Te Whatu Ora does not always fully understand or appreciate the nature or complexity of the RMO journey. Bringing expertise together and sharing ideas and opportunities already happens in the RMO space, so we would like to see this supported and enhanced by the wider organisation so that the opportunities for this group can be fully realised.

Thank you for the opportunity to provide feedback, and we look forward to discussing the opportunities and possible solutions for RMO recruitment further. If our understanding of the current consultation is inaccurate, please advise. We will also be sharing this feedback with members, so they are aware of our advocacy in this space.

Ngā mihi nui,

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