



# All District Health Boards

## Vocational Career Design

NZRDA and the DHBs in conjunction with HWNZ, agree that resident doctors need to have access to high quality information and resources to enable the individual doctors to design vocational pathways that are personally and professionally rewarding. Collectively we seek to provide an appropriate medical workforce that meets the needs of the New Zealand public.

NZRDA, the DHBs and HWNZ have developed a nationally consistent vocational career design framework for resident doctors and DHBs in NZ. The following describes the scope and intent of career design and provides access to resources for use in that process.

Career design is a HWNZ initiative that DHBs and NZRDA have taken responsibility for managing because:

- the DHBs and NZRDA have agreed to work together on matters of mutual concern / interest. The issue of career design is such a matter.
- the process is to occur in all DHBs, a nationally consistent response /process has merit.
- Genuine engagement with Resident Doctors over this matter is imperative or we risk noncompliance.

There are two main aspects to Career Planning. The first; career design is individual to the doctor concerned. It is a process by which the resident doctor makes their decisions on which vocational option or options are the most suitable for them personally for their future career path. This is a private decision that requires support from access to high quality vocational and workforce information, advice and mentorship and access to the resources and opportunities needed to enable that pathway. The second, that of vocational intent, is a workforce issue and follows the personal decision.

Resident doctors are professionals, for whom the process will take different forms depending on the person themselves. At various stages in their careers, career design will have variable priority and relevance to the doctor.

**First year house officers**, will normally be focused on gaining general registration. Some may already have a career path in mind, however many will not nor wish to commit to a definitive path until general scope has been achieved and wider experience of practice opportunities obtained.

**Advanced trainees**, having completed their vocational training often have subspecialty options within their vocational scope of practice and career design to develop practice in a subspecialty may become relevant to them once again.

**House officers (and non training registrars)** will have the highest usage of career design. These doctors are forming their views about their future career might look like and be, however many will still be seeking wider experiential options before settling on any particular career pathway. At this stage of their careers, doctors have made it clear that they do not wish to be pressured into making a decision, often desire different experiences along their pathway towards settling on a decision and that “time out” is valued. This should not be detrimental to individuals in their overall career design. There is considerable evidence to show that success and satisfaction in some vocational pathways is more likely for trainees who have gained wider medical experience.

**A registrar enrolled in a vocational training programme** has chosen their career path. Some may however wish to review that career decision at which time career design will again become relevant to them.

The doctor should regularly review their career design to ensure it remains relevant and current.

#### **The DHBs role in Career Design is to**

- support the doctor in both the process of choosing a career and pursuing that decision;
- facilitate the opportunity for appropriate experience and support to the doctors;
- to provide advisors and mentors to give quality advice and guidance

#### **Privacy**

This process is specific to an individual who must be free to develop their career design over time and change their minds as their situation changes. Documentation around career design therefore is the doctor’s information. DHBs need however to understand individuals’ intentions to effectively provide support and assistance in achieving the desired career pathway.

The vocational intentions process involves the provision of resources, including runs or vocational pathways, that enable the doctor’s career plan to be affected. This in turn, provides DHBs and HWNZ with generic information to inform planning around future required medical workforce(s). The partnership between the NZRDA and the DHBs will aid in DHBs effectively providing support and assistance to resident doctors to achieve desired career pathways that, in turn, develop medical workforces that are appropriate for the needs of the New Zealand Public.

The DHB must be clear on their commitment to supporting and resourcing the doctor’s career pathway. A DHB form is attached that a doctor can complete and provide to their DHB to advise of intentions, request experiences and support.

From time to time, generic information regarding how many doctors are pursuing what career paths and at what stage they are at, may be requested by HWNZ. Any such information must not contain any factors identifying individual doctors. DHBs may not seek to have doctors waive their rights to privacy with respect to career design.

A career design, this process or attached form may not be used in conjunction with appointment processes.

**Resources the DHBs provide include:**

- Advisors (mentors) to whom resident doctors may discuss career options and the implications of such. This may be within the DHB itself, or opportunity to seek assistance outside the DHB provided (e.g. in the case of a smaller DHB where the doctor wishes to discuss a subspecialist career not provided in that DHB, or a tertiary DHB where the doctor is interested in rural GP). Access to SMOs should enable informed discussion around potential options, and who the individual might need to talk to for more in-depth information such as directors of college training programmes.
- Access to resources to assist the doctor in making decisions:
- Information on the relevant prerequisites and required steps for entering a specific college training programme, and access to them: providing direct links to college websites would be beneficial.
- Resources on steps doctors may wish to take if unsure on what they wish to do.
- Appropriate run allocations, exposure to and experience of different specialties, teams, workplaces and variable clinical experience to both assist the doctor on deciding on a career and pursuing that career once identified.
- Support to enable the doctors to acquire the skills and qualifications needed for any given career pathway.
- Access to training and the reimbursement of costs associated with career development.
- Workforce information, including future demand for the speciality or skills, training places available and likelihood of future opportunities as an SMO.
- A list of resources that may be of assistance to the doctors and DHBs will be made available from a central source.

**Review**

HWNZ will ask DHBs to report on the numbers of RMO who have active career plans. NREG on behalf of NZRDA and the DHBs will also be available to assist and monitor as required.

The career design process itself was comprehensively reviewed in February 2013 by HWNZ and NREG.