ACE – coming up trumps?

Nicola Mutch

Spare a thought, trainee interns, for those who have gone before you.

Until 2002, the process of securing a first-year house surgeon's job involved writing letters to your preferred district health boards (DHB) asking for work. And waiting. And perhaps getting a job offer from your third favourite employer before hearing from your first or second. That's not to say the others wouldn't want you. Job offers could arrive at any time until the day you started work, as others rejected their job offers at the last minute. The DHBs, who one moment thought they had a full contingent of house surgeons, would then be left to scavenge around for those who were left, if they could find them. The whole process took months.

"Imagine," then-president of the Otago University Medical Students' Association Chris Jackson was saying as far back as 1996, "if there were some sort of system that allowed applicants to rank their preferred employers, and vice versa, and the whole sorry business could be over with at the press of a button."

Thus began an epic journey of lobbying, letter-writing, meetings, steering groups and moving of mountains that finally resulted in ACE – Advance Choice of Employment – being implemented for the first time in 2003. Meanwhile, the torch had been handed on to successive medical student leaders, ending with New Zealand Medical Students' Association president Brandon Adams.

The result, says Jackson, now a registrar at Dunedin Hospital, reflects the work of "a lot of people over a long time. I am absolutely amazed that such a good idea, benefiting so many people, took so long to come to fruition."

The concept wasn't new. Similar schemes are used in Britain, Australia and America and – in a previous incarnation known as MATCH – in New Zealand, though they differ in crucial areas. Chiefly, the matches made in the ACE scheme equate to job offers, not official contracts. There is, therefore, no compulsion to take the position.

It is perhaps something of a Clayton's distinction. To fail to take up the job, one imagines, would be viewed rather dimly by potential employers. They would be denied the opportunity to offer the position to the next-favourite applicant who would no doubt have been snaffled up by another DHB (the very process that happened in slow, non-transparent motion under the old system). The yearly surplus of graduating doctors does mean DHBs would have a reasonable chance of finding someone to fill the place, and at least under ACE it's possible to find out who is left over.

For your part, you would have few options other than to head overseas. But remember, you get the job that the highest-ranked DHB on your list offers you. And if you hadn't wanted to work there, you wouldn't have ranked them, right? Sort of.

This issue of ranking is among many that rankle with the Resident Doctors' Association (RDA). "We do not support the ACE scheme as it stands," declares RDA's Gerard Fennessy. "We did not think it would work, and it has proved not to for a numbers of doctors. And now it's up to us to pick up the pieces."

"People are ringing us saying, 'This was supposed to guarantee us a job, and it hasn't.' It was marketed on this issue."

This allegation does not in fact square with the ACE information on www.newdoctors.co.nz, which clearly states the scheme is aimed at simplifying the application process and that some applicants will remain unmatched at the end of the process.

An article in the journal of the RDA (vol 58, Oct 2003), alleges flaws in the ranking system. It cites instances where trainee interns (TI) ranked specific DHBs highly on their list, and equally were ranked highly by those employers, but didn't get jobs at all. It also describes an example where TI 'A' ranked DHB X highly but got matched to DHB Z. Meanwhile TI 'B' ranked DHB Z highly but was matched to DHB X – "a simple swap being required to resolve".

Fennessy was unable to share specific cases, although advises a number were directed to the ACE coordinator for investigation. The RDA reports it was notified of 33

TIs without jobs in New Zealand at the end of the matching process.

Furthermore, Fennessy contends that ACE allowed immigration law to be contravened by allocating positions to foreign doctors while "New Zealand TIs were left without jobs. We don't have enough first-year positions to employ all New Zealand doctors. But this system allowed [overseas doctors] to be offered jobs in preference to New Zealanders. That's unacceptable."

But perhaps RDA's biggest gripe is that they were not involved in developing the system and had no representative on its steering group, despite their primary concern with employment and conditions for doctors.

Fennessy argues that ACE fails to address broader issues, such as the need for better workforce planning for second- to fifth-year doctors – of which there are shortages – to generate more first year jobs, and hence keep New Zealand-trained doctors in the country.

"The Medical Students' Association [MSA] doesn't have any knowledge of the workforce," says Fennessy. That sounds harsh... but you can't make placement and employment separate issues. We are intrinsic to that process yet ACE excludes us from it.

"The crazy thing is," Fennessy continues, "why the MSA is getting involved at this level at all? TIs are our future members. We work hard to get these guys jobs. The MSA should be tapering off its involvement in TI issues and letting us pick up from there."

Brandon Adams, unsurprisingly, disagrees. The RDA is alone in the sector in its opposition, he points out, referring to the 21 DHBs, the Ministry of Health, and the students' associations who all strongly support the scheme.

"Our members complained to us about the confusion and uncertainty created by the previous system for applying for jobs, and that's what we set out to address.

"We absolutely have a legitimate role in this arena. Students are concerned about entering the workforce. The six-to-eight week period of applying for jobs can lead to significant anxiety for students. Now they can have job surety much earlier, and make plans around that."

And he offers a reality check on the matter of unmatched applicants. "There are two."

"Last year, there were 301 advertised positions and 330 New Zealand graduates, so there was always going to be a mismatch – ACE didn't cause that.

"But what happened is, when the DHBs saw there were leftover qualified doctors they then said, 'Oh yes, we could use a few more'. And because their details were centralised they were able to get in touch with them easily. The scheme actually generated positions."
Under the old system, says Adams, unemployed doctors simply drifted away.

As for the overseas doctors being employed ahead of New Zealanders, Adams investigated several such cases, and two scenarios emerged: "One was doctors lying on their application forms, claiming to be New Zealand residents. They got found out, and their positions were rescinded."

The other scenario involved New Zealand applicants ranking very few, or very popular, DHBs. If they were not the preferred applicants at any of those employers, their names were dropped from the list.

"ACE couldn't then sign you up to another DHB you hadn't indicated you were prepared to be employed at; that would be unreasonable compulsion," explains Adams, acknowledging that it is vital that future applicants understand this aspect of the ranking process.

At hospitals with insufficient Kiwi applicants, an international doctor might well be appointed under this system, rather than a New Zealand application being diverted from elsewhere. The MSA is campaigning so that, in future, only New Zealand graduates could use ACE.

But on the whole, says Adams, ACE's first outing "went very well" and the management of the scheme was good. Of the 11 cases Adams investigated this year he found "no evidence of any mishandling". Rumours that the applicants' ranking lists may not have been confidential he considers untrue.

"The trouble with comparing outcomes with the previous year, is there are no previous data to compare them to. And sometimes people mistake not getting what they want with a problem with the system," he concedes.

"But the good thing about this system is that it is an auditable, transparent process. We can track our graduates, track the applications, publish league tables, see which DHBs consistently rank highly and why – and generally identify what some of the issues surrounding placement are.

"In the past," says Adams, "it was guesswork." ■

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