

# Advanced Choice of Employment: Friend or Foe?

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Back in old days, the one thing that filled hearts with dread and anxiety was the fear of seeking employment as a First Year House Officer. Unsuspecting trainee interns found themselves drowning in masses of paperwork, fine-tuning their secretarial skills by writing countless letters and hiking up phone bills with calls to "all the right people". Unfortunately for some, a lack of organisation skills left them at a disadvantage in comparison to their super-efficient peers who managed to juggle their way through a nerve-racking system! That lazy streak, combined with the lack of funds and transport to travel left many Trainee Interns frazzled, dazed and confused.

Thankfully, someone somewhere decided that enough was enough, and a board was formed to dispel all this confusion and inconvenience. In 2003, a brilliant concept, known to most of us as Advanced Choice of Employment (ACE) system was introduced throughout New Zealand to handle applications for all house surgeons for the upcoming 2003/2004 intake. However, how brilliant is this scheme? Has it really eased this painful transition into the working world?

The ACE system clearly has its benefits. Firstly, this wonderfully structured system not only handles the application forms, but organises interesting events such as the annual Resident Medical Officer (RMO) Job Fair where interns can wine and dine, while looking for an ideal place to work. In addition, the invaluable information that each hospital has to offer allows applicants to make a fuller and more informed job choice. The extensive list of the various District Health Boards (DHBs) one can choose from, as well as the number of positions each has available acts as a game of eeny-meeny-miny-mo for the indecisive, and gives all applicants a clear view of their opportunity cost, and their chances of a successful employment at each hospital.

It is therefore clear that the entire job application process has undoubtedly been made easier and more user-friendly. The online form, along with an application guide, also allows applicants to review the status of their application at all times. Applicants are also saved the trouble of filling up multiple forms, as now they only have to complete one, which will be forwarded to all the DHBs. And if all that was not enough, little tick boxes are provided to politely remind most of us suffering from post-exam-amnesia about the little things we may have forgotten to include.

There is also an online Guide to writing a Curriculum Vitae (CV), which helps both the applicants put forward their most relevant and outstanding achievements, and the RMO staff by making the volumes of CVs more reader-friendly. And you thought being a Trainee Intern was difficult! Lady Luck is certainly smiling upon you, with this super-easy system, a raise of

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\$10,000 in your grant next year, and a guarantee to be placed ahead of the New Zealand Registration Examination (NZREX) and international students who also want a peck at the pie!

One foreseeable problem in this system is that of generic applications. However, a solution to this was devised by giving applicants the option to write their own covering letter to their hospitals of choice. This new system also provides applicants with a wide variety of DHBs available for them to apply to, which some applicants are not even aware of!

However, sceptics find themselves asking if this system is as perfect as it seems? Apparently not. Upon closer investigation, one will find that this system does have its drawbacks. Firstly, applicants who miss out on their first job choice will not be awarded their second. Instead, chances are they would end up going to a hospital fairly low down on their list. That is just purely a corollary due to the mechanism of the system. But how does this system work?

Well, it's a little complicated considering there are 300 applicants for ACE to sort through but here's a stab at a simple explanation. If you get a place in the hospital of your first choice, throw a party. If you don't, you'll probably be on the hit list for many other hospitals. But remember though, the jobs are handed out based on the priority of the students. So if you are on the list of a hospital that's your second choice, and someone else has ranked that hospital first, they are going to get a place there even though the hospital may have ranked them lower than you.

The bottom line is, a great deal of this system is based on luck. So if luck just isn't your thing, I suggest investing in some four-leaf clovers pronto! However, this cloud does have its silver lining. For those who are not too keen on the idea of spending an entire year in a place bottom on their list, word has it that the people who form the brains behind this system are working hard in trying to maintain the highest level of quality across all the hospitals through the matching system. Now that's good news!

Now let's consider why the ACE system was founded in the first place. The most logical response is to maintain justice and simplicity in applying for first year jobs, of course. But any medical student will surely know that in any given situation, the likelihood of bias will always exist. So where is the bias in ACE? When you look hard enough you are bound to find something, and from where I stand, I can see a small crack in the equitable side of things.

The people who are exposed to this bias are the non-Trainee Intern applicants, who comprise of the NZREX graduates, and international students who trained in New Zealand but who are not citizens or residents of this country.

The NZREX graduates comprise of doctors who obtained both their degrees and their training abroad in countries like India, Saudi Arabia, Bangladesh, etc. These doctors migrated to New Zealand many moons ago and were promised a job as a doctor upon arrival. Unfortunately, these promises were broken, and they were forced to take up other jobs including driving taxis, working as cashiers and setting up dairies to provide for their families. Due to this prejudice, a large group of these foreign doctors recently set up a campaign to fight for their rights as New Zealand residents/citizens, and as trained doctors whose expertise and skills are being wasted on jobs clearly outside the medical arena. The government then decided to set up a bridging programme for them to learn about the medical system here in New Zealand, and create a New Zealand Registration Examination to allow integration of these doctors into our system. After all, New Zealand has always been crying out that it has been short of doctors, what better way than this to solve the problem?

This bridging programme is good in recognising the rights of this group of educated and trained doctors, some of whom are undoubtedly brilliant, well-skilled and caring. The problem here is whether these doctors, who have been trained under extremely different conditions and who are unexposed to the New Zealand health system, can become whole-bodied, all rounded, competent doctors who are able to withstand the pressures and demands in an NZ hospital in just one year? I am sure that the NZREX programme is vital in the metamorphosis of these butterflies, but as life is, some turn out prettier than the others.

The second group of applicants, who in fact are on the bottom rung, are the international students who trained in New Zealand but are not citizens or residents of the country. They have been rigorously exposed to the fondly remembered Patient, Doctor and Society course as well as the universally loved Ethics lectures. And not to mention the exciting,

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invigorating talks about Maori health, which in fact, for those of you who didn't pay attention in class, is of utmost importance! They played the same games as we did, and studied for the same dreaded examinations that we did, but sadly, they were not provided with the 'Get Out of Jail Free' card.

Now, here comes the tricky bit. We want to protect our kind. Extremely important. That is, Trainee Interns who are New Zealand residents/citizens having the first priority. Excellent. Then come the NZREX doctors who are also residents/citizens who deserve their rights as residents in NZ. Sure. And lastly, the Trainee Interns, just like us, who don't have that stamp on their passport. Now is that fair? Being at the bottom of the pecking order means they have virtually no chance at securing themselves a job in the NZ health industry. Word has it that there are many international students who are brilliant at what they do and who definitely have the whole package when it comes to being an outstanding first year house officer. So is it really fair for us to penalise them just because they don't have a pretty sticker on their passport?

In the good old days, job hunting was about competition. He who excelled would get the best job. But in the modern world where we eradicate the tall poppies, gone are the days when being the best was everything. What is to happen to our Hippocratic Oath where we swore to put our patients first and above all, do no harm? Could there truly be a world where we maintain job equality in the face of preserving the finest optimum medical care? Could the ACE system be the key? Only time will tell.

