

To the editors,

The opinion piece, "Advanced Choice of Employment: Friend or Foe?" on page 28 of your November edition contained two ambiguities. The article suggests that ACE is biased on ranking NZREX graduates and international students lower than local students. This is inaccurate. ACE welcomes applications from all suitably qualified people, but preference for the 1st match is given to applicants with New Zealand citizenship or residency. Likewise, the article infers that DHBs are told what rank they have been given by a student. This is not the case and DHBs do not know how they have been ranked by applicants. The ACE process uses a computer algorithm to best match applicant's preferences with DHB preferences; the higher applicants rank DHBs, the more likely they are to be placed with them and vice versa.

For more information, ACE can be contacted on 0800 223236 or via email at ace@nctn.co.nz.

Our web-site address is www.newdoctors.co.nz.

Yours sincerely,

Andrea Evans
PGY1/ACE Co-ordinator



To the editors,

I read with interest the featured opinion piece, "Advanced Choice of Employment: Friend or Foe?" in your last issue, however I was disappointed to notice a number of misleading factual errors. I have been involved with the Advanced Choice of Employment (ACE) scheme in various capacities over the last few years, including as a DHB ACE co-ordinator, and as a presenter at the NZMA ACE Information Evenings around the country. While it is certainly valuable to debate aspects of the scheme, I think it is crucial for such debate to be accurate given the importance of the scheme in the lives of trainee interns.

The most glaring error is the author's assertion that "applicants who miss out on their first job choice will not be awarded their second". This is not the case. In each of the last three years, more than 72% (and as high as 86% in 2004) of applicants got their first choice, with a further 7-14% gaining their second choice. This leaves only 7-14% receiving their 3rd choice and below*. Clearly, while most candidates get their first choice, those who do not are more likely to get their second than their third and so on.

Next, the ACE scheme does not prioritise New Zealand graduated trainee interns ahead of NZREX graduates. Further, it is not the design of the ACE scheme that discriminates against international students. ACE does, and must, operate within New Zealand Immigration Law which states that New Zealand residents and citizens are given preference ahead of non-residents. NZREX graduates, as residents, are treated the same as New Zealand trained, resident trainee interns with international students

coming below both groups. Any discussion around the 'fairness' or otherwise of this situation should be directed to the Government and not levelled at the ACE scheme. The author also asserts that "a great deal of this system is based on luck" which is also inaccurate. The ACE scheme operates to a strict computer algorithm with no room for the operation of chance or luck! Other more minor errors included:

1. The Resident Medical Officer (RMO) job fair is not organised by ACE, it is a joint-DHB initiative at which ACE is represented
2. The Overseas-Trained Doctor Bridging Programme no longer exists.

Advanced Choice of Employment is still in its infancy and debate on its function is to be encouraged, as only through free and frank discussions can we identify any problems and generate solutions. While peoples' opinions and experiences are an important part of the debate, the role that ACE plays in the lives of every new graduate New Zealand doctor makes it vital that the debate is informed by the facts, and not clouded by inaccuracies. For people wanting more information, there is an excellent article by Pole, O'Grady & Adams that summarises the scheme and its results, that was published in the New Zealand Medical Journal in 2004¹.

Yours sincerely,

Dr. Andrew Old
Chairman, Doctors-in-Training Council
New Zealand Medical Association

REFERENCES

1. Pole R, O'Grady G, Adams B.
Analysis of the Advanced Choice of Employment (ACE) scheme for facilitation of first-year house officer appointments in New Zealand.
NZ Med J 2004;117(1204) U1120.

* Statistics provided by ACE and available from www.newdoctors.co.nz



To the editors,

I am writing in response to the article "Advanced Choice of Employment: Friend or Foe?" published in the last NZMSJ. This article has raised many issues that are faced by our international medical students and NZREX graduates.

New Zealand has a doctor shortage crisis. We rely on a high number of overseas trained doctors. In 2003, 34.1% of doctors obtained their basic medical qualification outside New Zealand¹.

The ACE scheme was introduced in 2003 after years of work and lobbying by medical students' associations and other organisations to improve the system for first year job applications. Prior to the ACE scheme there was a long process that offered little certainty for employees and employers. It has been suggested that we lost many New Zealand graduates to Australia during this period².

The ACE scheme does group applicants for PGY1 into four categories:

1. NZ graduate (TI)
2. Non resident/overseas student, NZ graduate (TI)
3. NZ REX (NZ resident)
4. Other overseas doctors

In 2004, there were 299 first-year house officer positions available in New Zealand and there were 413 applications³. Quite clearly there were going to be unsuccessful applicants due to the major shortage of first year jobs and that no matching scheme, including the ACE could prevent this.

New Zealand, like the majority of other countries does not want to lose its new graduates. Each year we lose approximately 25% of third year New Zealand graduates⁴. One New Zealand graduate costs approximately \$200,000 to train¹. At least \$150,000 is paid by the Government, which represents a major investment by the New Zealand tax payer.

In 2004, 99% of NZ graduates and 19% of NZ REX graduates were successfully matched under the ACE scheme. There were no successful applicants from non resident/overseas students that had graduated from a NZ medical school and doctors applying from overseas³.

This current predicament is distressing to many international students and NZ REX applicants. This situation is only going to get worse with the increase in medical students in 2004 and since 1996 the number of full-fee-paying international students has risen sharply. In 2002 there were 163 out of 1370 students¹. This situation has been labeled the "PGY1 (post graduate year one) bottle neck," as we have too many applicants for first year places, but a shortage of advance trained doctors. The District Health Boards, NZ Medical Council and the Health Workforce Advisory Committee are currently looking at options to address this problem. In some respects, New Zealand medical schools must also take responsibility

to adequately inform international students that they may not be able to gain NZ registration if they choose to study in New Zealand.

It is very easy to blame the ACE scheme for the shortage of first year jobs and the low amount of successful applicants that are not NZ resident graduates. We must look at the underlying problem of solving the PGY1 bottleneck and the issues faced by international medical students and NZREX graduates.

Yours sincerely



Xaviour Walker
President
New Zealand Medical Students' Association

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1. Health Workforce Advisory Committee.
Fit for Purpose and for Practice: A Review of the Medical Workforce in New Zealand.
Consultation document; May 2005
2. Pole R, et al.
The Analysis of the Advanced Choice of Employment (ACE) scheme for facilitation of first-year house officer appointments in New Zealand
NZ Med J 2004; 117(1204) U1120
3. Statistics provided by ACE and available from www.newdoctors.co.nz
4. The New Zealand Medical Workforce in 2002.
Wellington: Medical Council of New Zealand; 2004, p13.
Available online. URL:
<http://www.mcnz.org.nz/portals/11/publications/workforce%202002.pdf>

Editorial response

It is interesting to note the debate which has been provoked by the feature opinion piece "ACE: Friend or Foe?" which appeared in Issue 3 of this journal. The New Zealand Medical Student Journal (NZMSJ) editorial board wishes to clarify that the article in question was an opinion piece. The purpose of the article therefore was not to give our readers factual information about the Advanced Choice of Employment (ACE) scheme; instead it represented the author's perception of the ACE scheme.

However, the NZMSJ editorial board accepts that this opinion piece contained statements with the potential to mislead our readers including a number of factual errors. Therefore, we would like to thank the writers of the above letters to the editor for highlighting these statements and clarifying the issues raised for our readers.

The NZMSJ editorial board has made substantial changes to the review procedures for the features section of the journal in order to prevent the publication of such misleading statements in future issues. These changes have taken effect from Issue 4 of the journal.

The NZMSJ editorial board would like to highlight the fact to our readers that Issue 1 of the NZMSJ contained a feature article on the ACE scheme titled "ACE coming up trumps?" which represented a different perspective from the article published in Issue 3 of the NZMSJ. As an independent medical journal, the NZMSJ will always strive to publish an array of articles with different viewpoints.