

## **PVTC House Officer Selection and Allocation Policy Document**

### **Aim:**

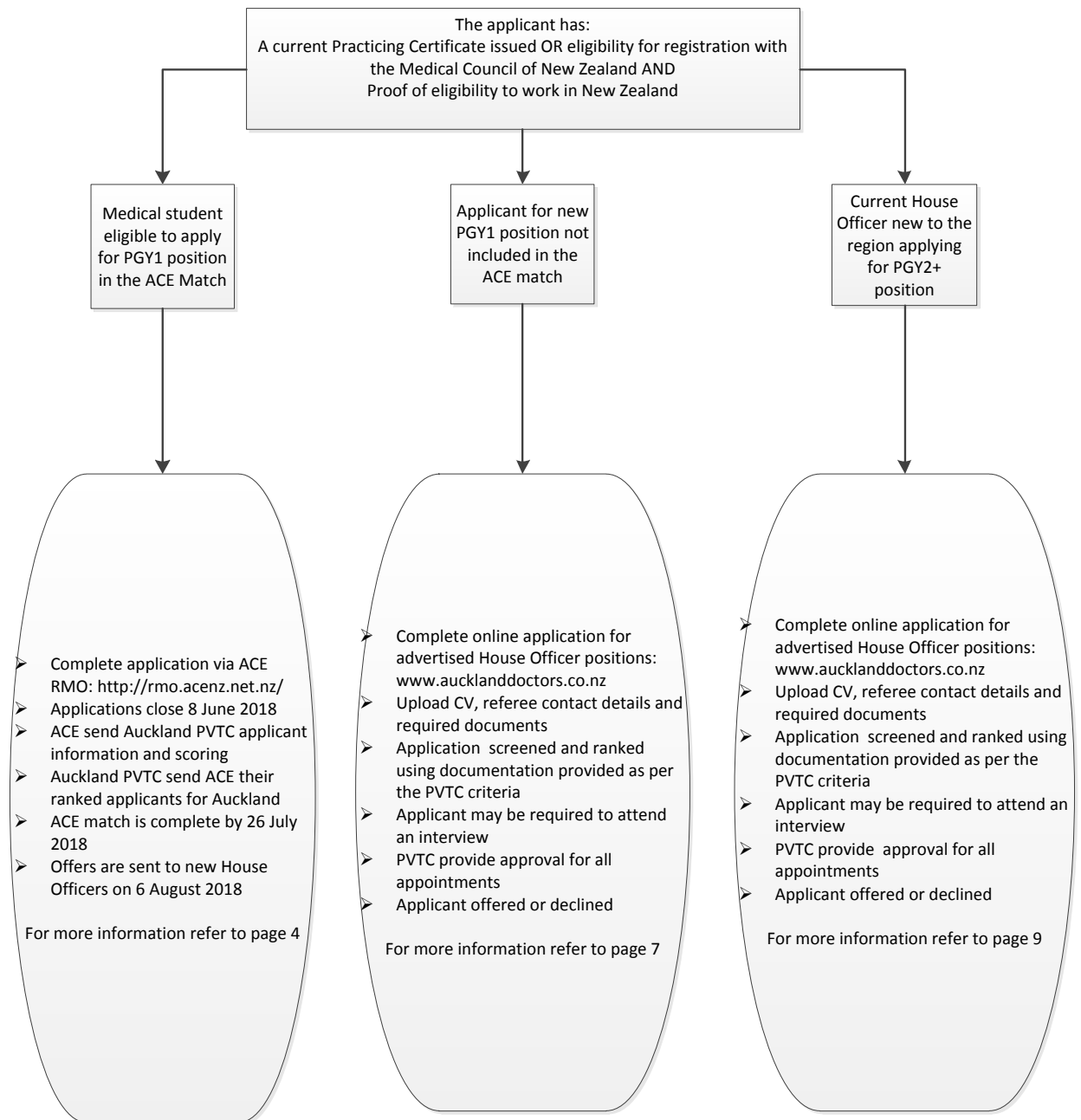
To develop a transparent, equitable and robust system for the selection and allocation of high quality, “Fit for Purpose” Practitioners (see Appendix 1) into the Auckland Region.

### **Summary:**

This selection and allocation policy has been developed by the Prevocational Training Committee (PVTC). The process outlined in this document will be used in 2018 for the selection and allocation of House Officers into the Auckland region. The process describes:

- Clear eligibility criteria to enable screening and ranking of applicants/current employees;
- Governance of selection and allocation by a dedicated Selection and Allocation Committee to provide the necessary professional and clinical oversight;
- Preferential pathway for Māori/ Pacifica applicants/current employees, as well as a category of Special Consideration, with the aims of increasing the diversity and retention of the House Officer workforce (refer to Table 1) so as to meet the needs of region;
- Transparent criteria used in ranking for allocation processes to oversubscribed runs.
- A clear outline of the selection and allocation process and criteria for applicants/current employees in the following groups:
  - those eligible for the ACE match;
  - those House Officers (outside of the ACE match) applying to join the Auckland region;
  - those who are current employees in the Auckland region.

## Schematic Overview of House Officer Selection Process



## Eligibility for Employment

There are separate selection and allocation processes for the appointment of House Officers within the Auckland region.

The selection process is confined to the following groups of applicants:

1. Medical students applying for PGY1 positions in the ACE match
2. Those seeking PGY1 positions who are not included in the ACE match
3. Those applying for PGY2 levels and above

All applicants wishing to gain employment within the Auckland Region must have:

- A current NZ Practising Certificate with the Medical Council of New Zealand (MCNZ) or eligibility for registration with the MCNZ
- Proof of eligibility to work in New Zealand - NZ Residency or work visa valid for term of employment

A complete application, noting that incomplete applications will be excluded from consideration

If issues of concern have been raised in any application, a more detailed review will be undertaken (see section on Selection and Allocation Committee Review of applicants/current employees with issues of concern)

## House Officer Selection Process

### 1. Medical students applying for PGY1 positions through ACE

The PGY 1 House Officer application process is managed nationally via the Advanced Choice of Employment (ACE) process. Applicants deemed eligible for employment by the ACE process and who have chosen one or more of the three Auckland DHBs will have their application documents submitted to the Auckland region for scoring and ranking for selection purposes.

#### 1.1. ACE Eligibility Criteria

In order to be eligible for the ACE match applicants must be:

- Graduates from New Zealand medical schools who are citizens or permanent residents of New Zealand/Australia.
- Graduates from Australian medical schools who are citizens or permanent residents of New Zealand/Australia
- Graduates from New Zealand medical schools who are not permanent residents of New Zealand/Australia.

ACE Business Rules apply. These can be viewed [here](https://rmo.acenz.net.nz/documents/resources/rmo/Current%20ACE%20Business%20Rules.pdf)  
<https://rmo.acenz.net.nz/documents/resources/rmo/Current%20ACE%20Business%20Rules.pdf>

#### 1.2. Ranking Overview

All things being equal, preference for appointment will be given to graduates of a New Zealand medical school, who are citizens or permanent residents of New Zealand (RDA MECA, Clause 5.4).

All DHBs in New Zealand with PGY1 positions use the ACE RMO match to appoint PGY1 House Officers.

Within the Auckland region, in addition to the adapted ACE score, the 'Fit for Purpose Practitioner' model (based on all applicant documentation), is utilised to assess and rank applicants. .

Applicants in the Auckland region will be considered in the following order of priority in the PVTC ranking process prior to being sent to ACE for the ACE match:

1. NZ/Australian Citizen/Permanent Resident
  - a. NZ graduate scoring 4 and above
    - i. Māori/Pacifica pathway
    - ii. All other NZ graduates (including those for Special Consideration)
  - b. Australian graduate scoring 4 and above
2. NZ graduate and Non-NZ resident scoring 4 and above

## 1.2.1 “Fit For Purpose Practitioner” Scoring

Each applicant who has chosen one or more of the three Auckland DHBs will proceed to a scoring process undertaken by the Selection and Allocation Committee of the PVTC and receive a Fit for Purpose Practitioner score.

The scoring process will be carried out by a representative subgroup of PVTC members and Intern Supervisors, with House Officer representation. To help ensure the reliability of the process, benchmarking exercises and inter-rater reliability checks are performed.

Scoring criteria have been developed to reflect the four domains of practice of a “Fit for Purpose Practitioner” as described by the PVTC (**See Appendix 1**). The four domains are Clinical Performance, Team Approach, Personal Development, and Professional.

The PVTC score will be determined from the applicant’s CV, personal statement/cover letter, academic transcripts, and /or referee reports, rated against the criteria outlined in **Appendix 2**.

The following scoring system will be used for each of the four domains within the “Fit for Purpose Practitioner” model.

	<u>Score</u>
Excellent	3
Good	2
Satisfactory	1
No evidence submitted	0
Unacceptable	-1

The total score, therefore, will range from a minimum of -4 to a maximum of 12. To be considered for employment, all references must be satisfactory i.e. a very poor performance in one or more areas cannot necessarily be compensated for in others.

## 1.2.2 Interview for Selection

Interviews are usually not required for applicants in the ACE process. An interview with a member (s) of the Selection and Allocation Committee may be required, particularly for applicants with issues of concern or seeking Special Consideration.

Interviews will be of a structured nature and will be used to ascertain suitability for employment and / or any additional support which may be required for applicants commencing employment such as in the case of ill health. Once an interview has been conducted the PVTC score may be revised.

## Specific Pathways

The Selection and Allocation Committee has identified two subgroups of applicants for special attention in the selection and allocation process. These are outlined in Table 1 below.

**Table 1**

	<b>Category</b>	<b>Who</b>	<b>Number</b>
	Māori / Pacific preferential pathway	Self-Reported	Preferential Pathway aims for 16% of applicants, knowing there is a variation between DHBs and this will be reviewed.
	Special Consideration bonafide reason, not just wanting to work Part Time)	e.g. illness, disability, other disadvantage, re-entry after time out, care giving, national role, major family/partner impacts.	As these are relatively very few (<5), case-by-case decisions will be made.

To be eligible for one of these specific pathways, applicants must still score a minimum of 4 or above as required for all other groups.

Applicants eligible for one of these pathways will retain their ranking as outlined in the overall ranking process. However, applicants for the Māori / Pacific pathway will be selected into employment above other applicants until the quota for that category is exhausted. If there are more eligible applicants for that pathway than places, the Committee has the discretion to include those who have met the standard pathway criteria in the latter pathway. The rationale is the urgent need to develop the Māori and Pacific medical workforces toward population proportions.

Applicants not eligible for consideration under one of these two specific pathways, or ranked outside the quota for their category, will be eligible for the standard pathway.

### **1.2.3. Combined Ranking**

The final ranking is determined by an applicant's total score which comprises 50% PVTC score and 50% adapted ACE score.

If there is a large discrepancy between the PVTC score and the ACE score the applicant's file and ranking will be reviewed by member(s) of the Selection and Allocation Committee.

## 2. PGY1 positions outside the ACE match process

Outside the ACE match process and throughout the training year, all applicants will be considered on merit according to the PVTC's "Fit for Purpose Practitioner" model, based on all documentation provided and an interview if required.

### 2.1 Eligibility

Eligibility ranking for employment within the Auckland region, as it pertains to PGY1 equivalents that are not included in the ACE match, is as follows:

- NZ/Australian Citizen/Resident
  - a. NZ graduate scoring 4 and above
  - b. Australian graduate scoring 4 and above
  - c. NZREX scoring 4 and above
- NZ graduate and Non-NZ resident
- "Other" – matched only on quality ranking

### 2.2 Fit for Purpose Practitioner Scoring

If the applicant meets the eligibility criteria for employment within the Auckland region, they will be scored according to the "Fit for Purpose Practitioner" model, based on information they provide as a part of their application. The score will be determined from the applicant's CV, personal statement/cover letter, academic transcripts, referee reports and interviews if required against the criteria as outlined in **Appendix 2**.

The "Fit for Purpose Practitioner" model described in [Section 1.2.2](#) will be used to score all applicants.

The total score for the four domains" will range from a minimum of -4 to a maximum of 12. A score of 4 or more is required to be considered for employment within the Auckland region.

#### 2.2.1 Specific pathways

Some applicants may be eligible for a specific pathway to employment (see Table 1, page 6). In order to be eligible for these pathways applicants must score a minimum of 4.

Applicants eligible for a specific pathway will retain their ranking as outlined in the overall ranking process. However, Māori/ Pacific applicants will be selected into employment above other applicants until the quota for that category is exhausted. Applicants not eligible for consideration under this preferential pathway or ranked outside the quota for their category will be eligible for the standard pathway.

#### 2.2.2 Interview for Selection

In some circumstances an interview with a member (s) of the Selection and Allocation Committee may be required, such as in the following cases:

- International Medical Graduates
- Those with issues of concern (see section on Selection and Allocation Committee Review of applicants with issues of concern);
- Special pathway applicants.

Interviews will be of a structured nature and will be used to ascertain suitability for employment and / or any additional support which may be required for applicants commencing employment such as in the case of ill health.



### 3. House Officers applying for PGY2+ positions

House Officers applying for PGY2+ positions within the Auckland region will undergo a selection process for entry into the Auckland region.

Throughout the training year all applicants will be considered on merit according to the PVTC's "Fit for Purpose Practitioner model", all documentation provided and an interview if required.

#### 3.1 Eligibility

Eligibility ranking for employment within the Auckland region, as it pertains to PGY2+ applicants is as follows:

- NZ/Australian Citizens/Resident scoring 4 and above
- NZ graduate and Non-NZ resident scoring 4 and above
- "Other" – matched only on quality ranking scoring 4 and above

#### 3.2 Fit for Purpose Practitioner Scoring

If the applicant meets the eligibility criteria for employment within the Auckland region, they will be scored according to the Fit for Purpose Practitioner model, and receive a score based on information they provide as a part of their application. The score will be determined from the applicant's CV, personal statement/cover letter, academic transcripts, referee reports and interviews if required against the criteria as outlined in **Appendix 2**.

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The total score for the four domains" will range from a minimum of -4 to a maximum of 12. A score of 4 or more is required to be considered for employment within the Auckland region.

#### 3.3. Specific Pathways

Some applicants may be eligible for a specific pathway to employment (see Table 1, page 6). In order to be eligible for these pathways applicants must score a minimum of 4.

Applicants eligible for a specific pathway will retain their ranking as outlined in the overall ranking process. However, Māori/ Pacific applicants will be selected into employment above other applicants until the quota for that category is exhausted. Applicants not eligible for consideration under this preferential pathway or ranked outside the quota for their category will be eligible for the standard pathway.

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In some circumstances an interview with a member (s) of the Selection and Allocation Committee may be required, such as in the following cases:

- International Medical Graduates
- Those with issues of concern;
- Special pathway applicants.

Interviews will be of a structured nature and will be used to ascertain suitability for employment and / or any additional support which may be required for applicants commencing employment such as in the case of ill health.

## **Selection and Allocation Committee Review of applicants with issues of concern**

If a House Officer meets one or more of the criteria mentioned below, the application must be considered by a senior member of the Selection and Allocation Committee. Further information, including an interview with the applicant, may be sought before a decision is made as to whether or not the applicant is suitable for employment. The information obtained may be useful in ensuring there are support systems for that House Officer, if they are employed. This will include whether or not they meet the criteria for the Special Consideration pathway.

- Prior conviction (s) - with the offence (s) reflecting adversely on future fitness to practice. Examples are offences against relevant health, civil or criminal acts including but not restricted to: misuse of alcohol or drugs; offences relating to honesty, or physical, verbal or emotional assault on another person;
- Prior disciplinary proceedings in another jurisdiction, e.g. University, or another registration body;
- Evidence of on-going poor and unremediated academic and clinical performance throughout the six year medical school programme. For example, having to repeat several years, and having multiple remedial periods during years 5 and 6;
- Evidence of repeated episodes of poor attitudes or behaviours (e.g. unexplained absences from work) that are un-remediated. Previously found guilty of professional misconduct due to an act/omission that amounted to malpractice/negligence. (Malpractice may be defined as immoral, illegal or unethical conduct or neglect of professional duty, and negligence may be defined as breach of doctor's duty in a professional setting.)<sup>1</sup>;
- Prior performance management out of any DHB;
- Evidence of persisting severe ill-health that may impact on ability to practise medicine safely;
- Other exceptional circumstances.

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<sup>1</sup> 1. *Information and definitions taken from Coles Medical Practice in New Zealand. 10<sup>th</sup> Ed. 2011 pp 217 – 8.*

## House Officer Allocation Process

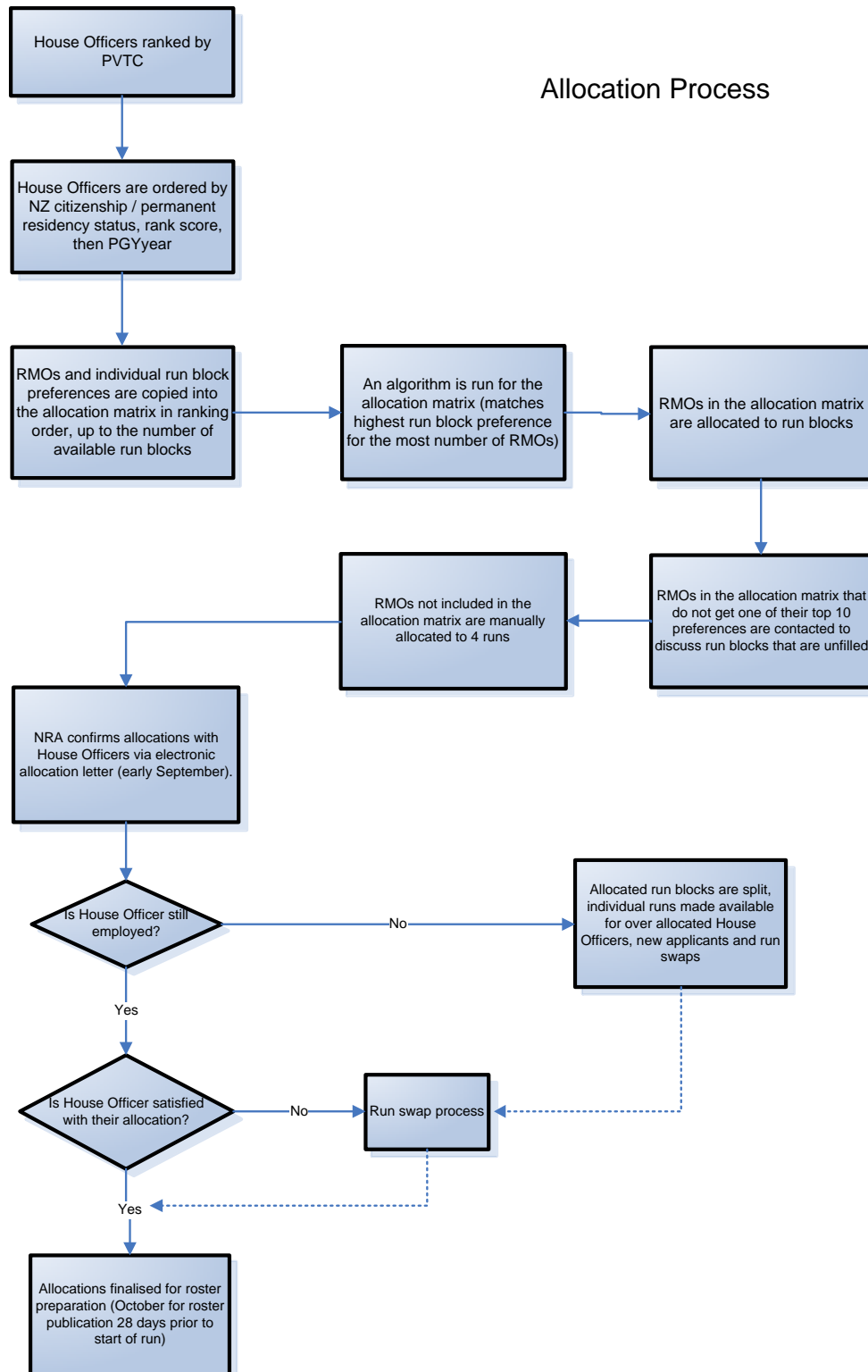
PGY1 positions are allocated by NRA to meet MCNZ requirements. House Officers (PGY2+ positions) currently employed within the Auckland region may have preferences for clinical attachments best suited to their clinical education. Each year, current employees will be provided opportunities to express these preferences and these requests will be granted pending availability. Where over application occurs for certain attachment preferences, NRA will utilise the following allocation processes to determine equitable distribution of trainee choice.

Prior to the end of July each year the NRA will:

- Conduct a review of House Officer run blocks to ensure blocks are appropriate for the needs of the RMO national workforce, and equitably distributed amongst vocational training pathways;
- Undertake a survey of all currently employed House Officers to ascertain employment intentions and run preferences for the upcoming training year;
- Publish up to date ranking criteria to provide a clear and transparent process for the allocation of House Officers run blocks and a mechanism for deciding House Officer allocation to oversubscribed run blocks;
- Publish a detailed run swap policy.

The diagram on the next page provides a schematic overview of and timeline for the allocation process.

## Allocation Process



Note: If a House Officer is allocated to a run block or runs which are not within their top 10 preferences, NRA will contact them to discuss run options prior to confirming allocations.

In the instance the number of HOs to be allocated exceeds the number of available runs; HOs may be over allocated to specific runs or run blocks.

## 1. Review of Run Blocks

The Selection and Allocation Committee of the PVTC will review all House Officer run blocks, available within the Auckland region, prior to the commencement of the allocation process.

A run block constitutes a set of four consecutive House Officer attachments, each attachment being of three months in duration. The Specialist Generalist pathway contains run blocks that are suitable for a number of vocational pathways including General Practice.

The run blocks will be structured by taking into account:

- Workforce requirements in the region
- Vocational training requirements, particularly for GP training
- Maximising continuity at one DHB
- Historically popular and unpopular run blocks
- Recognition that some House Officers are exploring vocational options
- Needs of some House Officers to work flexibly
- MCNZ requirements for PGY1

**Note:** All House Officers who are at PGY2+ level are required to complete a minimum of one relief attachment per year.

## 2. Survey

All currently employed House Officers will be required to complete a Continuing Employee Survey. This survey is separate to the House Officer Career Intentions Plan.

The purpose of the Continuing Employee Survey is:

- To determine whether the House Officer intends to remain employed within NRA's jurisdiction for the subsequent training year
- To ascertain if the House Officer's run block preferences are based on an individual career plan
- To gather information which will influence rankings for run block allocation

All currently employed House Officers will be sent an email in July with links to the following:

- The NRA Selection and Allocation Policy document
- The Continuing Employee Survey
- A spread sheet listing all run blocks that are available within the Auckland region. Designated PGY1 run blocks will be excluded from this spread sheet in order to meet requirements of expanding graduate numbers and the MCNZ.

The Continuing Employee Survey will consist of the following questions:

- Do you intend to remain employed for the next training year?
- Do you intend to apply for a registrar position in the next training year?
- What is your intended career pathway?
- Do you wish to be considered for the Special Pathway/Flexible?
- With reference to the attached list of run blocks, please select your top 10 choices (with a suggestion that respondent provides choices from more than 1 associated vocational pathway)
- Please list any other comments you would like to have considered by the Selection & Allocation Committee

Respondents and new applicants will be asked to provide the following information for ranking purposes.

- Clinical Performance (by submitting documentation to NRA):
  - PGY1/2 MCNZ Evaluations (ePort assessments)
  - NRA House Officer Evaluations
  - Any further supporting documentation, i.e. CV
- Additional Details\* (free field response in the Continuing Employee Survey):
  - Leadership & teamwork
  - Extra mural teaching or educational roles
  - Reflective practice
  - Work outside the region designed specifically to expand repertoire of clinical skills and experience
  - Maintenance of work life balance
  - Self-initiated work life balance

House officers will be given 2 weeks to complete the Continuing Employee Survey. NRA staff will provide a reminder service for House Officers who have not responded one week prior to the closing date.

\*For further details see **Appendix 2**.

### 3. PVTC Ranking

Once the Continuing Employee Survey has closed, NRA staff will collate the data received from respondents.

All House Officers who have indicated that they wish to remain employed within the Auckland region for the upcoming training year will proceed to a ranking process based on the PVTC's "Fit for Purpose Practitioner" model. Applicants will be ranked by the Selection & Allocation Committee of the PVTC.

The **Ranking Criteria** have been developed to reflect the four domains of practice of a "Fit-For Purpose Practitioner" as described by the PVTC. (Refer: Appendix 2)

The Ranking Criteria, as outlined in detail in Appendix 3 of this document, will be applied to the evidence provided by candidates through their survey responses and evaluations. Using the Ranking Criteria as a schema, each candidate will receive a score for each of the four

domains of practice. This scoring system (outlined below, Table 1) will yield a possible range of -4 to 12.

Table 1 Scoring system

	<u>Score</u>
Excellent	3
Good	2
Satisfactory	1
No evidence of completion	0
Unacceptable	-1

The ranking process will be carried out by a representative subgroup of PVTC members, and Intern Supervisors. To help ensure the reliability of the process, benchmarking exercises and inter-rater reliability checks will be performed.

At the completion of the ranking process, any House Officer who receives a score of less than 4 will have their ranking reviewed by members of the Selection and Allocation. At which point may be invited to meet the Directors of Clinical Training.

#### 4. Flexible Working Options

If a House Officer indicates they would like to be considered for Special/Flexible Working Options, they may be asked to meet with member(s) of the Selection and Allocation Committee. During this meeting a discussion, regarding their requirements (e.g. part-time employment) and need for additional support, will take place. Such a meeting will occur prior to the completion of the allocation process.

#### 5. Allocations

House Officers are scored by the PVTC and are then prioritised according to the following criteria:

- NZ Citizenship/Residency Status
- Rank Score
- Post-Graduate Year (PGY)

After the ranking process is complete, NRA will allocate the available run blocks by using the allocation matrix following the below process:

RMOs and individual run block preferences are copied into the allocation matrix in ranking order, up to the number of available run blocks.

- . An algorithm is run for the allocation matrix (matches highest run block preferences for the most number of RMOs)

RMOs in the allocation matrix are allocated to the run blocks. RMOs in the allocation matrix that do not get one of their top 10 preferences are contacted to discuss run blocks that are unfilled.

- RMOs not included in the allocation matrix are manually allocated to 4 runs
- NRA confirms allocations with House Officers via electronic allocation letter (early September)

## **6. Publication of allocations**

Once allocations are finalised, House Officers employed in the region will be notified of their allocation by the NRA, via the email address held on their employee record.

## **7. Run Swaps**

House Officers wishing to change their allocated run block may apply to do the following:

1. Request a complete change of all four attachments (e.g. if wanting to change vocational pathways).

Applications for total run block swaps will open one week after publication of allocations and close 14 days later. All decisions made by the committee regarding run block swap requests will be released at the same time.

2. After the application period has closed for run block swaps, House Officers may only request attachment swaps on a quarter by quarter basis.

Please note that relief attachments cannot be swapped other than in exceptional circumstances. Applications will be reviewed by the Selection and Allocation Committee and NRA staff on a case by case basis.

All run swap requests will be subject to the provisions of the NRA Run Swap Policy (refer to **Appendix 4**).

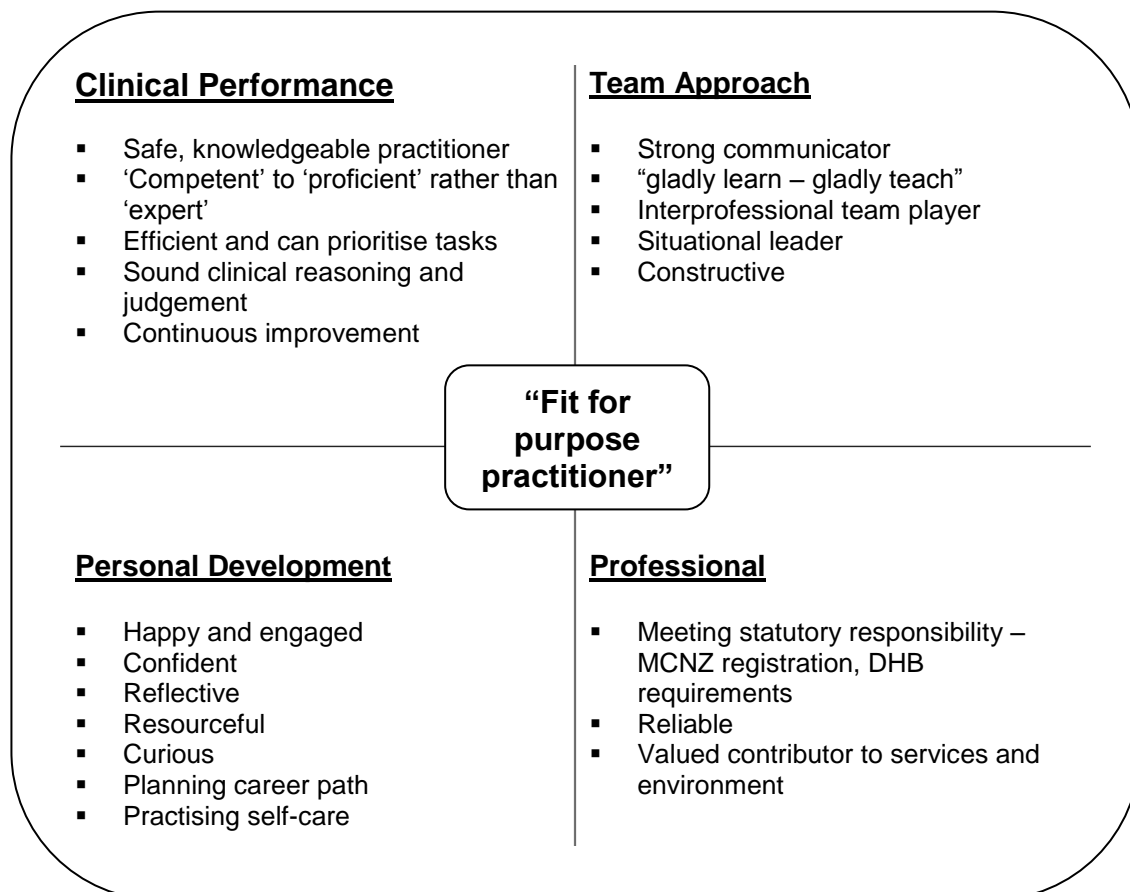
## **8. Resignations, Leave Without Pay and re-allocations**

- If a House Officer who is already allocated to a run block resigns from employment in NRA the run block allocated to that House Officer will be split and the individual attachments will then be made available for over allocated House Officers, run swap requests and external applicants.
- If a House Officer is granted leave without pay for a quarter, the individual run for that quarter will then be made available for over allocated House Officers, run swap requests and external applicants.

When re-allocating attachments, priority shall be given to the preference of attachments for current permanent House Officers.



## Appendix 1: Fit for Purpose Practitioner



## Appendix 2

The following details the criteria for assessing the four domains of a fit for purpose practitioner and will be taken into account as part of the selection process (and allocation process where applicable) however are not a prerequisite or a minimum criteria for employment in the Auckland region.

Domain	Criteria	Illustrative Examples (please note this is not an exhaustive list)
<b>CLINICAL PERFORMANCE</b>	Reference scoring average as per relevant criteria ACE referee report forms or clinical run evaluation reports provided	<ul style="list-style-type: none"> <li>log books, case reports, examples of feedback, self-evaluation</li> </ul>
<b>TEAM APPROACH</b>	<p>Evidence of leadership or teamwork activities, health related and/or extramural as on CV.</p> <p>Evidence of holding extra mural teaching or educational roles</p> <p>Reference scoring average as per relevant criteria, ACE referee report forms or clinical run evaluation reports provided</p>	<ul style="list-style-type: none"> <li>Involvement with formal medical school and/or hospital teaching programs</li> <li>Formal teaching or other award(s)</li> <li>Mentor for a formal medical school and/or hospital mentoring program</li> <li>List of positions held, e.g. committees</li> <li>Involvement in project work</li> <li>Examples from your practice e.g. communication in a difficult situation; leadership in a crisis</li> <li>Patient or peer feedback</li> </ul>
<b>PERSONAL DEVELOPMENT</b>	Evidence of reflective practice as illustrated in CV and/or personal statement.	<ul style="list-style-type: none"> <li>Ongoing review and updating of personal portfolio</li> <li>Ongoing development of individual career pathway, manifest as engagement with relevant persons/organizations/programs. This may include Colleges, specialty-specific conferences, DHB vocational “taster” programs (i.e. Specialty Taster Days at ACH; Vocational Experience Days at CMDHB).</li> <li>Personal statement/Cover letter (as part of job application)</li> <li>Evidence of self-care</li> </ul>

Evidence of work outside of (and subsequent return to) region designed specifically to expand repertoire of clinical skills and experience

- Rural DHB
- Volunteering overseas in developing countries (i.e. Medecins sans frontieres, missionary hospitals)

Evidence of maintaining work life balance.

Evidence of self-initiated extra training, continuing medical education and clinical development (PGY 2+ only)

- Research project(s)
- Clinical audit(s)
- Clinical conferences attended
- Publications
- Presentations at national and/or international conferences
- Clinical skills courses, i.e. CRISP, EMST
- Postgraduate certificates, diplomas, and other higher degrees

Reference scoring average as per relevant criteria on ACE referee report forms or clinical run evaluation reports where provided

## PROFESSIONALISM

Evidence of a consistent professional approach towards all patients, health care workers, NRA staff, peers and colleagues.

- Examples
- Awards

Application completed in its entirety and within deadline published

Reference scoring average as per relevant criteria on ACE referee report forms or clinical run evaluation reports where provided

### Appendix 3: ACE Referee Report and/or clinical run evaluation Form Criteria sorted per relevant domain

(For reference use only, please note actual ACE Referee Criteria are listed in different order)

<b>Clinical Performance</b>	Clinical knowledge (knowledge of common symptoms, drug doses and side effects, drug interactions, etc.)
	Professional knowledge (knowledge of hospital procedures, policy, medico legal aspects)
	Clinical assessment skills (elicits and records accurate, complete history and clinical examination findings)
	Clinical judgement (synthesis of information and appropriate management decisions)
	Relevant procedural skills (e.g. venesection)
<b>Team Approach</b>	Communication with patients and families (listening skills, respect, clarity of expression, recognition and valuing of differences, cultural sensitivity)
	Communication with other healthcare professionals (ability to work in a multidisciplinary team, contribute and communicates effectively with other professionals)
<b>Personal Development</b>	Self-awareness (accurate assessment of own skills & knowledge and actively seeks feedback & assistance to improve)
	Willingness to learn (evidence of reading up on cases, attending teaching sessions, curiosity)
<b>Professionalism</b>	Medical records (provides clear, comprehensive and accurate records)
	Work organisation (organises and prioritises tasks in an effective manner)
	Initiative (able to identify needs of the job, follows up without being prompted, shows commitment)
	Reliability (demonstrates punctuality, reliability, honesty, fulfils obligations)
	Information handling (systematic approach to locating and critically appraising relevant information)

## Appendix 4: NRA run swap policy

- All requests for full run block swaps (all 4 quarters) will only be considered by the PVTC during a **14 day period** following the annual publication of House Officer Allocations (early September). Outside of this process, all run swaps will occur on a quarter by quarter basis and the following guidelines will apply.
- Requests must be received by the Allocations and Training team at NRA central office at least **7 weeks** prior to the commencement of the quarter. Where a run becomes vacant and another currently permanently employed House Officer has indicated a desire to undertake that run in preference to the run they are already on, a run swap into the preferred run shall be facilitated as soon as possible but within one month
- All swap requests will be acknowledged within 5 working days of receipt in writing of the completed request form.
- If a swap cannot be accommodated, the request will be held on file until the preferred run/pathway becomes available. Alternate options may be discussed with the House Officer as appropriate/available.
- House Officers will not receive inappropriate runs for their level of experience.
- House Officers may not arrange swaps amongst themselves.
- Leave requests which have been granted do not automatically transfer between Auckland Regional DHBs with the approval of a swap. All leave that has been approved will need to be re-applied for in the event of a successful run swap.
  
- Once the date for swaps is closed, swaps cannot be undertaken unless the affected Service and RMO Support Unit agree to the proposed run swap.
- There will not be an option to run swap relief runs to general runs.
- Exceptional circumstances will be reviewed on a case by case basis by the Selection & Allocation Committee of the PVTC.
- If a House Officer is approved a run swap into an over allocated service, in the event of a vacancy, they may be required to move.

### **In order of preference swaps will be granted on the following criteria:**

1. RMOs requiring runs to gain general registration
2. Requested swap aligns with vocational training requirements.
3. Post graduate year