

29 October 2025

Elizabeth Jeffs, Head of National People Operations
Kamini Pather, Project Lead, Advance offers for Fellows
Te Whatu Ora – Health New Zealand

EARLY DRAFT PROPOSED APPROACH: ADVANCE OFFERS FOR FELLOWS

Tēnā koē kōrua.

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is ‘*To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities*’. Health advocacy is a central competency of a surgeon, and a core value of this College.

Thank you for the opportunity to comment on your *Early Draft Proposed Approach: Advance offers for Fellows*. We strongly support the proposal to test and introduce advance offers for Fellows. RACS has for some time been advocating strongly for measures to ensure doctors can commit to specialist surgical fellowship training whether in Aotearoa or overseas knowing they have secure roles at the end of this time within Aotearoa. Retaining and reattracting Fellows is a key part of the strategy to build a sustainable surgical workforce within Aotearoa which can deliver surgical care to meet the needs of our diverse communities. It will also maximise the return on our investment in training, reducing the loss to other health systems.

We agree with the overall proposed approach to formalising the process for advance offers, the rigorous approach proposed, and the early consultation with colleges before consulting more widely. However, we also have some concerns and suggestions for improving the planned approach, as below:

- Achieving a sustainable surgical workforce will be significantly dependent on the availability of budgeted positions (FTE) within Hospital and Specialist Services (HSS). Whilst there is a risk of conflating the different issues of staffing levels and advance offers, the budget for new positions in the relevant year must be a pre-condition - not a constraint – to enable successful implementation at the anticipated go live of 31 January 2026. There is a clear need in some areas to increase FTE to provide appropriate capacity and this needs to be considered by Te Whatu Ora as in many cases requests for additional FTE have previously been turned down.
- Making advance offers by moving resource from current positions, with SMOs choosing to reduce their position (FTE, workload, and \$), to job share, or to commit to a retirement date, has been successful informally in some departments and hospitals, and some specialties. Clear guidelines applicable nationally will be important in formalising such arrangements.
- Consideration should be given to offering less than 1.0 FTE positions as advanced offers or enabling Fellows to access less than 1.0 FTE.
- Our clear preference is for *Option One: An advance job offer of a specified role in a specified location within a region* which is likely to be the greatest incentive for trainees to commit to returning from a specialist surgical Fellowship. Having certainty in a specified role in a specified place allows Fellows to plan, particularly if they have dependents or a partner. We request the *Guideline – Advance Offers for Fellows Process* be amended to reflect this as a priority for HSS.
- *Option 2. An advance job offer for a specified role at an unspecified location within a region* is a much less of an incentive. It should be improved by specifying some locations if possible.
- *Option 3. An invitation to join the National SMO Talent Pool* is not an advance job offer, only a commitment to keep in touch. This may capture the interest of a new Fellow but is not an incentive for returning post Fellowship.

- We expect a significant benefit of the proposal to be Fellows accepting SMO positions in regional and rural hospitals where recruitment is most challenging. Although the positions may be transitional as the SMO moves to a different position after a period, the position will become available for successive advance job offers.
- The time limit of two years for taking up a contracted SMO position, with a grace period of a further six months, is not sufficient for a small number of trainees in advanced surgical sub-specialties which require up to three years further training. The Guideline should recognise this.
- We understand delays of three to six months in issuing standard contracts after recruiting new Fellows to an SMO position has also been a disincentive to return to Aotearoa New Zealand and suggest a mandatory timeframe within the Guideline.

Comments

- “As a new fellow planning my future, I find this guidance extremely valuable—it’s a fantastic step towards retaining talent locally. Even this year, I know of two Kiwi-trained surgeons who have taken posts overseas due to the lack of local opportunities.”
- A new Fellow suggested the Guidance include consideration of less than fulltime positions (eg 0.6 FTE) to help build a more diverse workforce, allowing an SMO to balancing commitments to work and a young family or other matters.
- Christchurch Urology SMOs have been job sharing for over 7 years now creating two new jobs for new Aotearoa New Zealand Fellows to join the department.
- Two senior Neurosurgeons began job-sharing month on/month off (each reducing from 1.33 to 0.66 FTE) in June 2025. This created a new position for a young Neurosurgeon who qualified in 2025 to return to their unit, when Te Whatu Ora was unwilling to resource a new position. So far it is working well.
- In small volume surgical specialties or rural places where SMO vacancies are infrequent, it would be useful to offer a supernumerary position for a few years to bridge the gap until an older SMO retires. These regional areas rely on senior trainees having experienced the regional lifestyle and risk losing interested parties simply because a position is not available for that a particular year. Otherwise, these Fellows are likely to end up in the National Talent Poll and be lost overseas, leaving these crucial regional posts struggling to recruit when the position does open up.

Conclusion

We would appreciate the opportunity to discuss our submission and contribute to further work in this area to achieve a sustainable surgical workforce in Aotearoa New Zealand.

Nāku noa, nā

Ros Pochin

Chair

Aotearoa New Zealand National Committee

RACS represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Aotearoa New Zealand and Australia. We are the accredited training provider in nine surgical specialities. Surgeons are also required by RACS and Te Kaunihera Rata o Aotearoa - Medical Council of Aotearoa, to continue with surgical education and review of their practice throughout their surgical careers.