

FEATURE ARTICLE: INTERVIEW SERIES

The hidden specialty: Military medicine

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Introduction

The role of the medical officers (MOs) is to provide medical care on land, at sea, or in the air to defence personnel in New Zealand (NZ) and overseas on operations. This role combines aspects of primary care, musculoskeletal medicine, occupational medicine, expeditionary medicine, and acute care. The following is an interview with an MO in the NZ Army, who wishes to remain anonymous.

What is a typical day like?

Most of an MO's time is spent in garrison on primary health care. This is similar to civilian general practice but for military personnel, and so is focused on high performance medicine with a slightly narrower range of conditions. The rest of the time is spent in the field, training medics and practicing military skills (e.g. fieldcraft, weapon skills etc.).

How does the job compare to being a General Practitioner (GP)?

The job is similar to being a GP on most days, with some time spent on military skills. In camp, the health care is performance-focused and your population is predominantly younger and more male-dominated than in a standard civilian GP practice.

How does it compare to when you were working in the hospital?

In a hospital, junior doctors have regular out-of-hours shifts, long days, nights, and weekends. In the New Zealand Defence Force (NZDF), MOs don't have regular out-of-hours requirements. This changes when on deployments or field exercises. At those times, MOs will work very long shifts and be away from home. Overall, this out-of-hours time works out to be similar per year to what a doctor would get in a hospital, but where hospital out-of-hours time involves a regular small amount each week, in the NZDF these larger periods of out-of-hours time are interspersed through regular working weeks of 8am to 4pm. The working days also include an hour of paid physical training (PT).

What is the work-life balance like?

There are opportunities in the NZDF to participate in sports and social events. A hospital also offers this, but the NZDF will let you participate in sport during your working hours.

What are the hours like? Are there long days, nights, on call or weekends?

There are no long days. There is an on-call roster at most bases but this does not result in many calls, and fewer call-outs. Weekends on call are rare so far but are likely to become more common at Waiouru Military Camp, which doctors from other bases must intermittently cover.

What is the initial training comprised of and what is it like?

- **Initial Induction Training (IIT):** an eight week course in Waiouru to learn the basics of being a soldier, including weapons handling, drill, and basic fieldcraft. This course is not confined to specialist officers so will include a mixture of ages and educational levels.
- **Specialist Officer Induction Course (SOIC):** a six week course in Waiouru that is focused on being an officer, covering delivering orders, introductory military planning exercises, and leadership skills. It also enhances some of those more Army specific skills of bushcraft etc. This is for Army specialist officers only, so will be with doctors, nurses, psychologists, padres, lawyers, and education officers. Most evenings will be free for personal time, as well as occasional weekends.
- **Health Officers' Development Programme:** a two week course in Palmerston North (Linton Camp) and Auckland, which is focused on introducing health practitioners to the specifics of health in the Army with some orientation to the other services' Defence Health Centres (DHCs).

This will all take about four months. It is entirely non-clinical and starts in early January so will often put your practicing certificate on hold temporarily. However, the medical council is good at reinstating it once you return to clinical practice. If going through the medical officer cadet scheme (MOCS), you will be paid the equivalent of a minimum wage salary during this time, so doctors with mortgages should be aware of the reduction in weekly pay. The MOCS is a bonding scheme for medical students. Doctors who don't join through the MOCS will be paid their full salary during these courses.

Is there opportunity for involvement in research?

There is a lot of scope for research in NZDF. However, NZDF's priority is deployments and garrison health care delivery. As such, with the current staffing of doctors, the priority for MO time will be on those areas ahead of carrying out research.

What are the main advantages and disadvantages compared to working in the public sector?

Advantages: NZDF soldiers receive a high level of health care. This is because they do not pay to see primary care practitioners, and they get good referral for secondary care, great rehabilitation opportunities, and close monitoring of their conditions. This makes practice more rewarding because as a military doctor you can provide the best care for your patients without as much concern for financial limitations. There is also a focus on high performance rather than just meeting an average standard for health outcomes.

Disadvantages: NZDF has bases in Christchurch, Blenheim, Wellington, Manawatū, Waiouru, and Auckland. As such, MOs will be required to work in one of these geographical locations. While NZDF

will try to accommodate everyone's preferences, it is not always possible for all MOs to get their first preference for location. This means you may have to move to a region you would prefer not to go to and this can be for either a short or longer period. It should be noted, however, that this is no different to what doctors will experience while training under specialist colleges, although it is more geographically restrictive than civilian general practice training.

What is the likelihood of a deployment?

Deployments on field training exercises such as to Australia, Pacific Islands, Papua New Guinea, or Brunei are highly likely. Expect around one to two months of this within the first two years working for the NZDF. Deployment on combat operations is more variable but will likely occur as a six month deployment (preceded by three months of pre-deployment training) sometime within your first four years working for the NZDF. Deployment on Humanitarian Aid and Disaster Relief (HADR) operations is more difficult to predict, for obvious reasons, so if HADR is what you are interested in, then the NZDF will not be the best avenue for specialising in this work.

Is further education (e.g. Master of Public Health) supported and/or sponsored by the NZDF?

MOs are assigned a Continuing Professional Development (CPD) allowance and study leave which can be used towards post-graduate qualifications. Currently this is \$16k every two years, and ten days of CPD leave per year. Defence will generally support upskilling in any areas that are applicable to your work, and because military MOs are expected to maintain a wide range of skills, this means that most further education is likely to be supported.

Does it make a difference whether I join as a Navy, Army, or Air Force MO?

The Medical Officer Cadet Scheme (MOCS) is currently only for Army. Availability of positions for fully qualified doctors will depend on the service, with the recent trend being availability in Navy and Army. Because of the small number of military MOs, there is a high likelihood that at some stage you will have to cover one of the other services regardless of which uniform you are wearing. There are some variations in clinical practice between the services, with Air Force MOs managing the complexities of aviation medicine or aero-medical retrieval, Navy MOs dive medicine, and Army MOs tactical or austere medicine.

Who is in the multi-disciplinary team?

In field / deployed environment: doctors, registered nurses, and medics. In garrison:

- > **Nurses:** a combination of civilian and uniformed nurses. The civilian nurses cover primary care while the uniformed nurses have a greater focus on emergency management and deployable medicine.
- > **Medics:** will mostly work in the field but will come to primary care to maintain their competence. These are individuals who have been trained by the NZDF in primary care and emergency management. Sometimes they will have civilian paramedic qualifications. Your job is largely leadership, supervision, and continuing their clinical education. While in the DHC you will help medic trainees as they get clinical experience.
- > **Social worker:** one to two per camp. Assist in managing mental health cases as well as social and welfare issues.
- > **Complex case coordinator:** for the protracted injuries or post-surgical patients, or for the sporadic cancer cases that we see. Similar to case managers in the public hospital system.
- > **Padre:** high level pastoral care. Padres are similar to the chaplain in the hospital in that they will cover the religious and spiritual aspects but they also cover a lot of functions that a social worker does too.
- > **Physiotherapists:** there are some uniformed physios but most of the rehabilitation in the garrison is done by civilian contractors.

They have various skill sets and a lot of experience. They are based on camp for ease of access by soldiers and the soldiers do not have to pay for therapy.

- > **Exercise rehabilitation instructors:** physical trainers who undergo extra training / qualifications to fulfil a similar role to physios. They tend to be the step between extensive physio and back to full duties.
- > **Practice managers and health administrators:** manage the day to day running of garrison health.
- > **Generalist officers:** military officers who are assigned to Defence Health to cover the military and leadership aspects that clinical medicine sits within.

What are the specific pay scales and how do they increase over time/seniority?

Current MO starting salary is ~\$125,000 NZD p.a. This will increase by about \$3000–4000 NZD per year of experience and with accumulation of post-graduate qualifications and vocational training etc. Step up in pay is by seniority, vocational registration, experience, and leadership roles, and is benchmarked against civilian sector doctor pay scales.

What is something you wish you knew before you started?

The NZDF is focused first on military and combat deployments. I had hoped to work in humanitarian aid deployments but these are less frequent than I had thought. Additionally, MOs coming through the MOCS should not expect their vocational training to begin as soon as they begin their return of service. There will be a delay of at least one to two years at this time, and possibly up to three. However other educational opportunities such as post-graduate qualifications are supported as there are a wide range of applicable military medical skills that are valuable as an MO.

What is the biggest selling point?

For me, the best part of this job is seeing a patient get back to full fitness. In the civilian hospital system it often felt like whatever I did wasn't ever really making a lot of difference to the final outcome. In the NZDF, managing an injury well means maintaining the patient in the top 10% of physical ability in the country. It is a performance-focused environment which is an exciting space to work in. You get to support New Zealanders who are going into harm's way to serve their country and you train to be able to provide them the best possible health care before they deploy, during their deployment, and when they come home. Other MOs have expressed that the best thing is the experiences and lifestyle. What other medical jobs would mean you have dedicated time for physical training and learn things like off-road driving or marksmanship principles for shooting?

What is the medical officer cadet scheme (MOCS)?

The MOCS is an assistance scheme from the army for medical students. Medical students can join from second year, starting as third years on the scheme, however they can also join in later years. Medical school fees for the year will be paid in full by the army and the student will also be paid an annual salary (currently ~\$37,000 NZD p.a.). There will be a limited amount of military training during summer holidays within the military camps in the third to sixth years of medical school. For the first two years as a house officer, there is no requirement for any military training. After two years, you will join the NZ Army as a medical officer. The return of service is a year for year plus one e.g. if a student joins for third to sixth year (four years), their return of service will be five years.

What is the incentive scheme?

Doctors who join the army are eligible for a reimbursement of up to \$50,000 NZD. The duration of this incentive scheme is four years. This is up to \$5000 in the first year, \$10,000 in the second year, \$15,000 in the third year, and \$20,000 in the fourth year.

If people are interested or would like more information, who do they contact?

For any further information about opportunities in the NZDF please contact the recruiting coordinators on 0800 1 FORCE (0800 136 723) or visit a recruiting office in your location.

References

1. New Zealand Army. While attempting to clear the enemy position, soldiers from Task Group Black encounter a mine field. NZ Engineers are called in to clear pathways to the infantry casualties, which allows the attached medic to triage the patients. [Internet]. 2019 Jul 23; [cited 2020 Jan 15] Available from: <https://www.facebook.com/pg/NZArmy/photos/>
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3. New Zealand Army. Fit to Fly. Some of our medical staff practise aeromedical evacuation, using a Royal New Zealand Air Force NH90 helicopter to evacuate a 'patient' at Landguards Bluff, Whanganui. [Internet]. 2019 Mar 26; [cited 2020 Jan 15] Available from: <https://www.facebook.com/pg/NZArmy/photos/>

Author's blurb

> Michaela is a fifth-year medical student in Whangarei hospital and a medic in the New Zealand Army. In her free time she enjoys collecting plants, running various distances and trying new recipes.

Acknowledgements

I would like to thank you to the Medical Officer who had kindly agreed to this interview.

Conflicts of Interest

Michaela Rektorysova is the 2020 Media Reviews Editor for the New Zealand Medical Student Journal. This article has gone through a double-blinded peer review process applied to all articles submitted to the NZMSJ, and has been accepted after achieving the standard required for publication. Michaela is also a medic in the New Zealand Army.

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Top left: While attempting to clear the enemy position, soldiers from Task Group Black encounter a mine field. NZ Engineers are called in to clear pathways to the infantry casualties, which allows the attached medic to triage the patients.¹

Left: Tested in training. Medics and supply technicians from our Army and the Australian Army conduct a combined Air Medical Evaluation (AME) demonstration during Exercise Talisman Sabre. The complex scenario included mass casualties, wounded, prisoners of war, and vehicle recovery.²

Top Right: Some of our medical staff practise aeromedical evacuation, using a Royal New Zealand Air Force NH90 helicopter to evacuate a 'patient' at Landguards Bluff, Whanganui.³