

ALL DHBs – Update - NZRDA RMO MECA BARGAINING Update #13

To: 20 DHBs – CEOs
20 DHBs – COOs
20 DHBs – GMs HR
20 DHBs – CMOs
20 DHBs – RMO Unit Managers and Co-ordinators
20 DHBs – ER Managers and Consultants

CC: Employment Relations Strategy Group
SWS Employment Relations Team

From: Peter Bramley - CE Lead, RMO Bargaining

Dear colleagues

As I write this update DHBs are preparing for a second day of mediation with the New Zealand Resident Doctors' Association (NZRDA) this week.

DHBs are still under notice of another 48-hour strike by Resident Medical Officers (RMOs) on 12 February, and balloting is underway for a fourth strike on 26 and 27 February.

We are always mindful of the impact of industrial action, but short of giving up on the important changes we are seeking, the union's decision to strike is out of our control. Our goals remain unchanged - quality patient care and meaningful training in a safe working environment.

As DHB leaders we are also very mindful that industrial action creates significant additional work for senior doctors, nurses, administrators and others across the wider health team. We do not underestimate the impact on patients from delays and deferrals and greatly appreciate the efforts and additional work of our people to minimise the effects.

What also concerns me is the widespread misunderstanding and misrepresentation of the DHBs' position and the efforts of our bargaining team.

As outlined in my last update, DHBs agreed in 2016 to trial a new roster system that included prescribed maximum hours and days off – Schedule 10. Our experience has been that with additional RMOs, the rosters can be made to work for those in their first two years of training, but the model is too rigid for many RMOs once they enter vocational training. Senior doctors, medical colleges, independent research and RMOs themselves have raised concerns about the unintended consequences of this new roster system.

RMOs are now working fewer hours which means less time with patients, less training, more handovers and Senior Medical Officers are often required to cover for RMOs. In addition, RMOs are out of sync with the working hours of the senior doctors who mentor them which reduces essential learning time, thereby taking longer to complete their training.

This means the status quo is not an option and we can't simply roll over the NZRDA's current employment agreement as it ignores the issues and problems identified. The

agreement with the new RMO union, Specialty Trainees of New Zealand (SToNZ), demonstrates that it is possible to address these issues, provide the flexibility DHBs need and most importantly, to safeguard existing rights and protections.

I'm not going to refute the many distortions about the DHB claims. What I will reiterate is that the DHBs are not seeking claw backs, pay cuts or working RMOs beyond current limits.

What we are looking for is the ability for clinicians – SMOs and RMOs – at a local level to determine how best to look after patients, manage training and agree rosters in accordance with guidance from their relevant medical colleges. We respect the rights unions have to represent their members in all employment related matters and want to ensure robust escalation pathways to address situations where affected RMOs may have concerns or disagree with a proposed change.

The sticking point to date is that our proposal does involve the NZRDA giving up the ability to veto rosters and training arrangements agreed by clinicians at a DHB level, in other words – who has the authority to decide how work is organised at a local service level. We are adamant that these decisions must be made by clinicians and managers locally, rather than the NZRDA deciding whether a roster can be implemented – a power of veto that no other health sector workforce has.

I am encouraged that mediation adjourned yesterday and is set to resume on Thursday. We'll continue working for a solution and will keep you updated as the bargaining continues. In the meantime, please free to circulate this to all staff.

On behalf of all DHB CEs, our thanks go to everyone who has a role in managing the impact of these strikes and providing service to our communities.

Regards

Peter Bramley
CE Lead
RMO Bargaining