
All District Health Boards

NZRDA Bargaining – Q&As

16 April 2019

What is the main sticking point in the negotiations?

Progress has been made over the last few months and DHBs have removed or amended many of their claims – the NZRDA has also moved on some of its positions. This dispute is now about control of the work environment. DHBs believe it is crucial for clinicians to agree rosters with RMOs that provide services patients need while providing safe training. Our proposal involves the NZRDA giving up the ability to veto rosters and training arrangements agreed at a DHB level. No other union, not even SMOs have that ability. Effective delivery of public health care must consider the interests of more than RMOs or the NZRDA when allocating resources.

The NZRDA claims DHBs want to claw back conditions, is that true?

That's a distortion of the DHBs' position. DHBs are not seeking claw backs, pay cuts or forcing doctors to work excessive hours in locations they don't choose. We want the ability to agree different working arrangements. Many RMOs want the same flexibility and the new collective agreement with STONZ is an example of what can be achieved. The two MECAs can be compared [here](#).

The NZRDA says the revised offer of the DHBs is the same as one already rejected.

All previous options discussed had been suggestions subject to approval – this was an unconditional offer and could have settled the dispute immediately if accepted by NZRDA members – we asked the union to put it to ratification, that wasn't done. See the offer [here](#).

The NZRDA says it distributed the offer to its members and claims DHBs are misrepresenting that.

The NZRDA says it put the offer to its members on 5 April, the day after sending out the strike ballot. But on 8 April, the union's lead advocate made a sworn statement to the Employment Relations Authority saying it saw no reason to take it to members. Both of those statements can't be correct, and we've asked the union to clarify – if it did send the offer to its members, it would be easy for the NZRDA to clear up any confusion.

The NZRDA says the arrangements in its current MECA don't need to be changed.

If that was true, then we wouldn't be here now – simply put, there are too many issues with the current arrangements. Senior doctors, medical colleges, independent research and RMOs themselves are concerned about the unintended consequences of this current roster system. We're not going to enshrine those problems for another three years.

How do you address NZRDA members' concerns about protecting working hours?

DHBs are committed to safe rosters backed by evidence-based practice. We've worked hard to develop ideas and options that balance the needs of patients and RMO training. One suggestion was a special clinical role within DHBs to address roster issues, but that was rejected. Agencies such as the medical colleges and the Medical Council also have significant input into ensuring RMOs are adequately protected through their respective accreditation of the DHB training programmes.

The NZRDA says it suggested a similar steward role – isn't that the same?

If it was the same, we would have accepted it. The NZRDA's suggestion still included its power of veto. DHBs believe clinicians – SMOs and RMOs working with their medical colleges – need to determine the best way to care for patients and manage training. We can only conclude the NZRDA does not trust clinicians working in conjunction with their respective medical colleges.

Are the DHBs willing to compromise?

We already have, the sticking point is the NZRDA's right of veto over local agreements by SMOs and RMOs. Over 70,000 people work in the health sector and no other union has that power. DHB CE's are responsible and accountable for delivering patient care, and they need to have the ultimate say. Our proposal has significant protections for RMOs and we'd be willing to look at others.

What is the membership of the NZRDA?

We can't tell and the union has never provided a membership list – even when it issues strike notice which means we're forced to ask RMOs if they intend to work. We know SToNZ has over 730 members, and there's several hundred more RMOs who don't belong to any union – about a third of all RMOs who are proof that there are other ways to manage the way we work.

How many RMOs are expected to strike?

We can't say – what we know from past strikes is that support for strikes is not universal, and not well supported by RMOs in vocational training – the figures below exclude West Coast DHB which was not part of the strike.

Strike date	Total RMO numbers			% House Officers working	% Registrars working
	Rostered	Working	%		
15 Jan	3382	1711	50.6		
16 Jan	3427	1724	50.3		
29 Jan	3303	1633	49.4		
30 Jan	3304	1613	48.8		
12-Feb	3367	1698	50.4	38.1	59.1
13 Feb	3322	1664	50.1	33.8	58.5
26 Feb	3392	1724	50.8	33.7	62.6
27 Feb	3406	1769	51.9	36.9	64.1