All District Health Boards

2 May 2019

Update for Chief Medical Officers and Senior Medical Officers on negotiations with the NZ Resident Doctors' Association

Dear colleagues

As I write, DHBs are in the fourth day of the five-day strike by Resident Medical Officers who are members of the NZRDA, at the same time our bargaining team is preparing for facilitation with the Employment Relations Authority that begins next week.

Firstly, I want to thank the many people involved in providing care during strike. While the impact has varied around the country, and has been felt most in smaller DHBs, there has been a remarkable level of service delivery. That is testament to the effort our clinicians, as well as the wider clinical team, administrators and planners all working to minimise the impact on patients.

I also want to acknowledge the large number of RMOs who have chosen to work rather than strike this week. Far more people reported for work than expected which has enabled DHBs to maintain a higher level of service. The table below shows the number of RMOs reporting for work during the first four strikes and the first three days of the current strike.

Strike Date	% of rostered RMOs working	% HOs working	% Regs working
15 Jan	**50.6**		
16 Jan	**50.3**		
29 Jan	**49.4**		
30 Jan	**48.8**		
12-Feb	**50.4**	38.1	59.1
13 Feb	**50.1**	33.8	58.5
26 Feb	**50.8**	33.7	62.6
27 Feb	**51.9**	36.9	64.1
29 April	**58.9**	44.8	69.7
30 April	**59.9**	44.5	70.3
1 May	**60.4**	43.4	71.7

What the aggregated figures don't show is the higher than average turnout in our larger hospitals.

What is clear is that the industrial action does not enjoy the widespread support that is claimed by the NZRDA.

As the spokesperson for the DHBs in these negotiations, it is an ongoing source of frustration that the NZRDA and its delegates continue to distort our position. We're currently being portrayed as CEs wanting to make unilateral decisions and force local RMOs to work in a way they object to in locations they don't choose.

I believe the new collective agreement with Specialty Trainees of New Zealand (SToNZ) demonstrates rosters can be constructed at a local level to provide quality care and meaningful training in a safe environment.

SToNZ now has almost 800 members and its collective agreement allows senior doctors and RMOs to agree local variations within medical college guidelines about safe working hours.

We have asked the NZRDA to give up its veto of rosters and training arrangements proposed at a DHB level. This remains the key sticking point despite several alternatives being offered.

As DHBs, we are responsible and accountable for patient care – how best to provide that care is a decision that must sit with clinicians and local teams, and ultimately the Chief Executive.

As employers, we're also committed to ensuring all our people are safe and supported in their day to day work.

Workforce planning and rosters are the DHBs' role not the union's. No other group in a health sector of 70,000 workers controls their work arrangements to the same extent as the NZRDA.

While the NZRDA says it's concerned about the strike impact on patient services, it refused to lift the action, despite facilitation with the Employment Relations Authority next week.

Strike action has been entirely unproductive in helping resolve the important issues and has only impacted on the care DHBs provide their communities.

DHBs believe facilitation next week is the opportunity to resolve this long-running dispute.

I will keep you up to date as we work through the process, and again, please continue to thank your teams for their professionalism and hard work.

Regards

Peter Bramley
CE Lead
RMO Bargaining