DHBs challenge RDA claims; remain committed to good faith bargaining

Hospitals are coping well with the Resident Doctors’ Association 48-hour strike, which ends at 7am tomorrow, while District Health Boards remain open to negotiating a settlement, DHBs’ spokesman Dr Peter Bramley says.

“DHBs will continue to negotiate in good faith to reach an agreement that provides flexibility in rostering of Resident Medical Officers to achieve better patient care and better training.

“Meanwhile, DHBs are preparing for the next RDA strike at the end of the month.”

Dr Bramley said the strikes had affected thousands of non-urgent operations as well as health workers.

“We’re doing our best to plan for and to manage the impacts of the strikes and are grateful to the DHB staff leading the contingency planning across the DHBs and to all our clinical staff who are working to ensure patient safety is maintained.”

Dr Bramley said DHBs were concerned about the RDA’s comments about the negotiations of the past 12 months.

“We wholeheartedly reject the RDA’s assertions that DHBs want to remove existing rights of their members.

“It is simply untrue for the RDA to claim that DHBs want to move RMOs around the country at will.

“Furthermore, DHBs have not requested any change to the provision that a duty shift shall not exceed 16 consecutive hours.

Dr Bramley said DHBs wanted local clinicians and hospital managers to make decisions about rosters, not the RDA head office.

Only last week the RDA had acknowledged there were unintended consequences of current rostering system, which didn’t meet the needs of a complex workforce.

DHBs were also mindful of their statutory responsibility to be a good employer and run a safe and efficient health system. These obligations require DHBs to make decisions on rostering to ensure continuity of patient care and a safe working environment for doctors.

Dr Bramley said DHBs were pleased to have concluded a collective agreement with Speciality Trainees of New Zealand (SToNZ) – another union of RMOs which had almost 500 members.

“As part of that agreement, we’ll be jointly undertaking research into the impact of RMO hours of work on patient care, RMO training and RMO wellbeing. This is the first time any such research will be undertaken for this workforce.”

Meanwhile, DHBs will continue to bargain in good faith with the RDA and believe their offer will maintain safe working rosters and promote better continuity of care and enhance opportunities for doctors who are in training, Dr Bramley said.

ENDS

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