

# The Future of Medicine

Preparing for NZRDA and 20 DHBs  
MECA Bargaining 2021



# Resident Doctors' Association

- Formed in 1985;
- Built the MECA over three and a half decades;
- Long history of improving and protecting RMO conditions;
- 2500 members.

**YOUR PLACE YOUR PAPER**

**Central Leader**

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## Remedy for doctors' exodus

By AMY PATTERSON

**DRASTIC losses of junior doctors have sparked a move to appoint an independent body to oversee their working conditions.**

Under the proposal, hospitals would have to relinquish their power as employers by leaving the setting of working hours to the new body. The move would also bypass unions.

New Zealand's 21 district health boards are considering the change, which would set national standards. Auckland District Health Board clinical training director Stephen Child says the model works successfully overseas.

"In all those other countries there's central legislation that tells the hospitals how it should be done," Dr Child says.

"In this country, it's done by a union and employers negotiate at a union table."

Junior doctors are dogged with long hours and comparatively poor pay, and the Government is trying to address recruitment and retention issues.

Dr Child says the issue needs to be tackled on a national scale.

"I think the hospitals have decided they can't do it by themselves.

"There may be some hospitals that don't want to give away their power to an independent body."

Union and hospital negotiations are often biased on both sides, he says.

"I think that we need to have a look [at the proposal]. There has to be an independent look of working conditions so that one side doesn't bias the whole thing based on self-interest."

Auckland University Medical Students Association vice-president Nola Ng says students dread their years as trainee interns and house surgeons.

"It's the amount of pressure put on junior doctors, what they are expected to handle and know," Ms Ng says.

Students begin clinical training in their fourth year at medical school, and are trainee interns in their sixth year.

"A lot of people are nervous about the amount of hours they'll have to put in and what you get back," Ms Ng says.

The union representing doctors, the Resident Doctors Association, began negotiations for its employment contract this month.

Association spokeswoman Deborah Powell says issues of specialist training, hours and pay are recurring.

"There's major recruitment and retention problems among doctors. There's a raft of ideas on the table to try and address those issues," Ms Powell says.

### Kids help service



# 2016 - Safer Rosters

The Safer Hours campaign in 2016 achieved for many, but not all residents:

- Maximum amount of nights in a row at 4, down from 7;
- Maximum amount of days in a row at 10, down from 12.







# 2018 – 2/3rds Agreement

- The DHBs sought to weaken the provision for 2/3rds agreement to make changes to runs and rosters to transfer control to management.
- Remove protections around shift rosters, combined periods of call and duty, and relocation around the country.

# SToNZ MECA – Removed or Weakened:

- Maximum of two long days in seven days.
- Maximum of ten days in a row on acute on duty rosters (sch 10).
- Maximum of four nights in a row on acute on duty rosters (sch 10).
- Maximum of 16 hours worked.
- Maximum of 72 hours worked in any consecutive 7 days.
- 80 days of sick leave per PGY1-4s.
- Prohibition on cross cover outside ordinary hours.
- Requirement that allocations be part of an RMOs training programme.
- Requirement to have every second weekend free from duties.
- 12 weeks of medical education leave for dual trainees.
- Run descriptions change only with 2/3rds agreement of RMOs.
- Payment at additional duties if less than 28 days' notice of roster.
- Lump sum parental leave payment and 12 months of unpaid parental leave for non-primary caregiver (often fathers).
- 28 days' notice of rosters for relievers.
- Payment at 2 categories above for embedded relievers.
- 30% limit on night duties for ED/ICU rosters.
- Reimbursement for College exam fees after third attempt.

# RDA v SToNZ Calculation

	M	T	W	T	F	S	S	TOTAL
A	8	8	8	8	8			40
B	18	18	18	18	8			80
C	8	8	15	8	15			54
D	8	15	8	15	8			54
E	15	8	8	8	18	10	10	77
F	8	8	8	8	8	15	15	70

	M	T	W	T	F	S	S
A	D	D	D	RDO	RDO		
B	N	N	N	N	X		
C	D	D	L	D	L		
D	D	L	D	L	D		
E	L	D	D	D	N	N	N
F	X	X	X	D	D	L	L

	M	T	W	T	F	S	S	Total
A	8	8	8	0	0			24
B	18	18	18	18	0			70
C	8	8	15	8	15			54
D	8	15	8	15	8			54
E	15	8	8	8	18	10	10	77
F	0	0	0	8	8	15	15	46

# RDA Calculation

- Total hours = 375
- Divided by number of RMOs on run = 62.5 hours
- This is category B run (with RDO deductions) without any unrostered hours

# SToNZ Calculation

- Total hours = 325
- Divided by number of RMOs on run = 54.16 hours
- This is category D run without any unrostered hours



# Cost of Living

- REINZ House Price Index for New Zealand, which measures the changing value of property in the market, increased 11.1 per cent annum.
- **Food prices** increased 3.1 percent in the year ended September 2020.
  - fruit and vegetable prices increased 11 percent
  - meat, poultry, and fish prices increased 1.9 percent



stuff

life & style

## Bidding wars in Blenheim as two-bed gets 72 groups through open home ▶

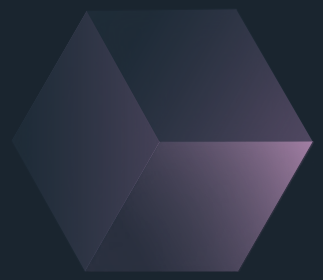
Maia Hart · 06:50, Aug 21 2020



SCOTT HAMMOND/STUFF

98 Battys Road in Blenheim had 31 groups through it on Friday, and 41 on Sunday.





# RMO Workforce Pressures

- A registrar on step 1 of the **urban RDA scale** is paid \$76,186 (category F);
- **NSW Registrar** –on step 1 of their scale A\$101,698 (NZ\$108,816);
- **Queensland registrar** – on step 1 of their scale A\$110,712 (NZ\$118,461);
- **295 RMO Vacancies** for December 2020 to January 2021 in New Zealand.



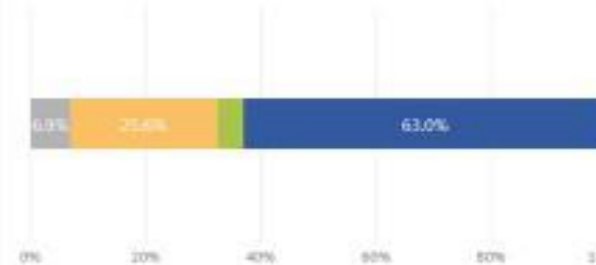
# Reliance on overseas trained doctors

- Vulnerable to external factors;
- Investment in the future;
- Cultural sensitivity.

## RMO - Exploratory Analysis

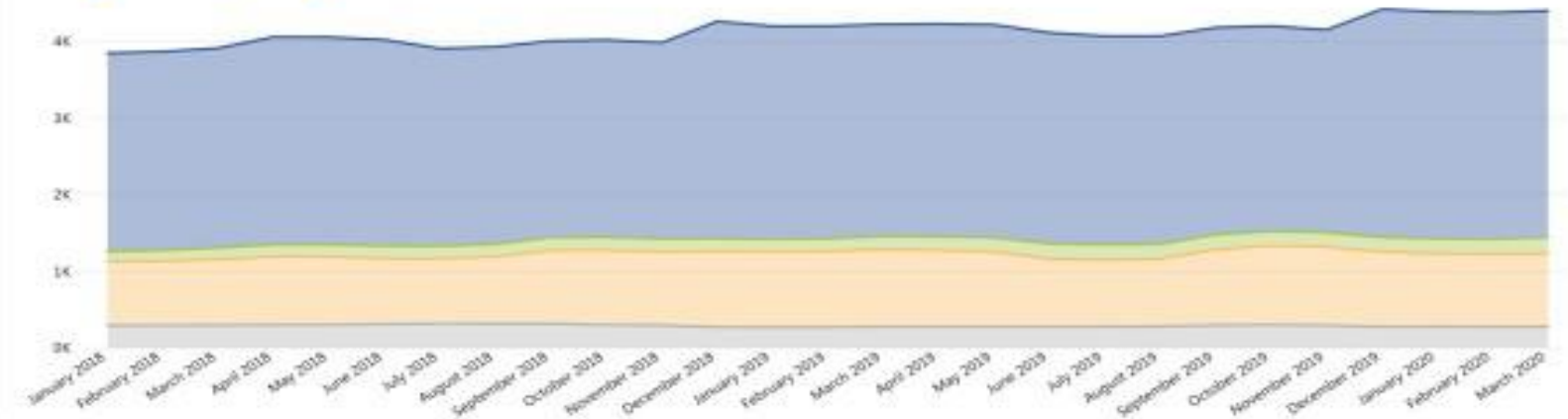
Proportion of RMO headcount

Others UK / Ireland Australia New Zealand



RMO headcount by country of qualification

Others UK / Ireland Australia New Zealand

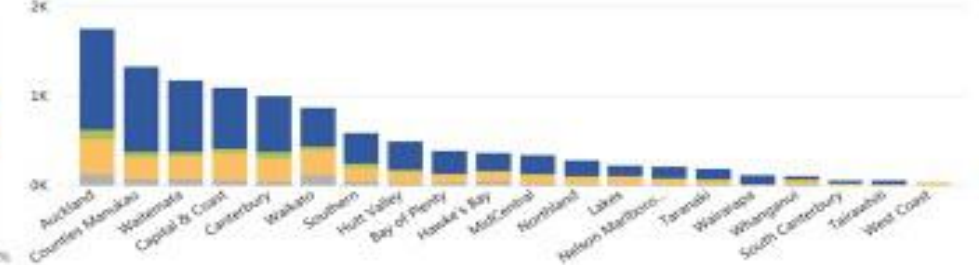


All

Visualise TAS  
Interactive health insights from

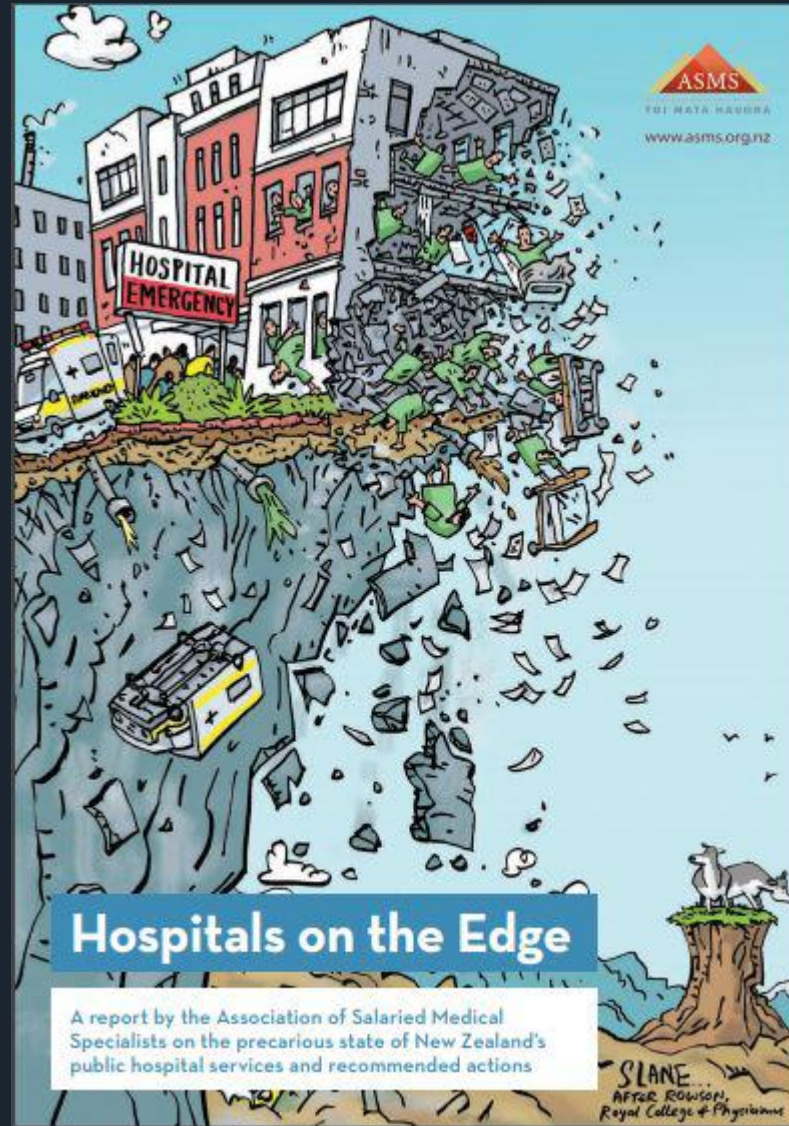
DHBs ranked by RMO headcount

Others UK / Ireland Australia New Zealand



# Consequences of a broken pipeline

- We need another 1000 SMOs.
- 50% of SMOs report symptoms of burnout.
- In Scandinavian countries, – all countries with policy emphases on promoting wellbeing – the proportion of the health and social care\* workforce ranged from 15%-20% of the total workforce in 2015, compared to New Zealand's 10.8%.
- "Our colleagues come to work each day trying to do their best but are continuously exposed to a toxic, underfunded environment that leaves many demoralised and burnt out. Knowing that we could do so much better if only we had enough staff and decent facilities to work in, is heartbreaking at best and soul destroying at worst".







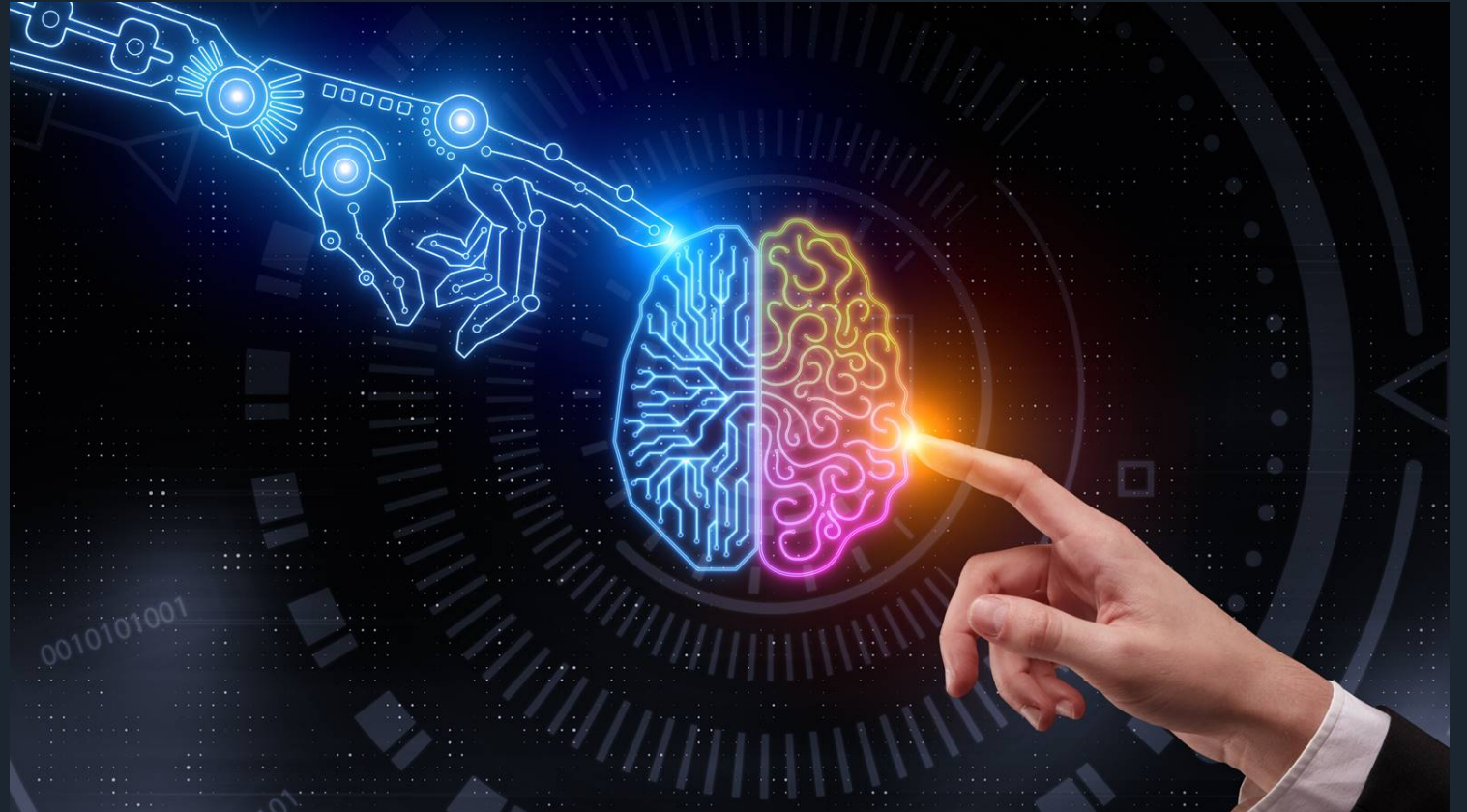
# Accelerating the SMO Pipeline

## Investment in

- Clinical leadership;
- RMO wellbeing;
- Fair pay.

# Readiness to Lead in a Changing World

- Artificial intelligence, digital technologies, big data.
- The need for medical research;
- Pandemic preparedness;
- Growing inequalities;
- Aging urban population;
- What does clinical leadership look like in a post-hierarchy and multi-disciplinary workplace.





# Emergency Rosters and Surge Capacity

- Deployment and training;
- PPE and facilities;
- Remuneration and rostering;
- Pandemic leave.



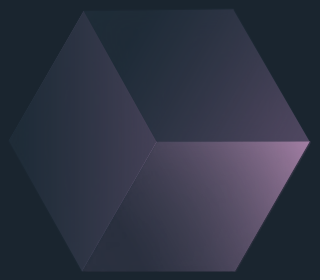


# RMO Wellbeing

- Increasing **part time employment** opportunities;
- Increasing the **parental leave** payment;
- **Changing the culture** of hospitals and the profession – bullying and harassment, patient violence, snarkiness and “live to work”.



# Changing models of care



- Moving outside the hospital setting;
- Future proofing ED and ICU departments;
- RMOs who have done CBAs report that the drop in pay was an issue and for those in A&E clinics in particular the pay did not reflect the work.

# Our future world

- Bike storage;
- EV charging facilities;
- Reduction of plastic usage;
- Plant based meal options.







# What can you do?

- Talk to your colleagues who are not union members and also to SToNZ members.
- Make sure your hospital/department has an RDA delegate(s).
- Read the bargaining updates and contribute feedback.
- Comments, questions to **[ask@nZRDA.org.nz](mailto:ask@nZRDA.org.nz)**