RDA NEWS

DECEMBER 2015

Christmas / New Year RDA office hours

The RDA office will reduce to skeleton staff from 24 December until 18 January. A staff member will be at the office between 0900 and 1500 on non-stat days and the answerphone will be on outside those hours. As always, if there is an urgent matter you require assistance with you can call the 24 hour line on 0800 803 993 or if critical call Deborah direct on 021614040.

Merry Christmas and a Happy New Year

Thank you for your engagement and support throughout the course of this year. We have had an interesting year filled with challenges but a productive one nonetheless – in particular our work on the issue of the bullying culture in the hospital workplace. Membership continues to rise as does the interest in RMOs becoming delegates which is encouraging to see. We have exciting things planned for 2016 and look forward to touching base at the start of next year. We wish you all a safe and happy Christmas holiday and New Year!

2015 MOH influenza immunisation rates

This year's influenza season, officially declared over in September, was roughly on par with that in 2012. Despite this winter being far from the pandemic we experienced in 2009 its impact was worse than both the 2013 and 2014 flu seasons. The Canterbury region was the worst hit reaching epidemic levels of people needing medical consultation especially during August. Influenza claimed the lives of 5 New Zealanders this year.

The Ministry of Health recently released the "2015 Workforce Influenza Immunisation Coverage Rates by District Health Board" findings. The document is available on the MOH website if you wish to take a closer look at the breakdown by DHBs and by occupational group. The total coverage rates increased from 2014 to 2015 with 61% of health care workers vaccinated across the DHBs in 2014 and 66% of health care workers vaccinated in 2015. Total coverage rates have steadily increased over the years since coverage was measured in 2010. The highest increase occurred between 2012 and 2013 in which total coverage rates rose from 48% to 58%. The second highest increase occurred between 2014 and 2015. Doctors specifically increased rates from 68% in 2014 to 71% in 2015.

Doctor coverage rates that either met or exceeded the total average rate for 'all DHBs' included the following: Auckland DHB, Bay of Plenty DHB, Capital and Coast DHB, Counties Manukau DHB, Hawkes Bay DHB, MidCentral DHB, Northland DHB, Southern DHB, Tairawhiti DHB, Waikato DHB, West Coast DHB and Whanganui DHB.

The RDA will be carrying out further analysis of the MOH coverage rates findings and in particular will be looking at the 'why' behind those DHBs that did not achieve an increase rates this year. So more to come on this!

9 Out of 10 NZ Doctors go to work when sick

A recent survey by ASMS (Association of Salaried Medical Specialists) found that around 90% of SMOs go to work when sick. A recent article on stuff.co.nz reported "A survey of senior doctors, found they rarely took sick days, even when they knew they were infectious and could put patients at risk. One reported being told to go home by alarmed patients, and another confessed to continuing to treat people after they themselves were admitted to the emergency department".

Common themes arising from the survey included that inherent in the medical profession is a 'superhero' type culture in which it is frowned upon to show signs of 'vulnerability'. SMOs also commented there was pressure to continue to work whilst unwell due to lack of cover.

ASMS executive director Ian Powell agreed that this was a serious nationwide issue that needed to be addressed and commented that this practice was totally unsustainable: "They are holding the health system together at the expense of their own wellbeing... they cannot do that indefinitely".

Survey stats

- 88 per cent of senior doctors surveyed said they had gone to work sick, knowing it would affect their ability to work, in the past 2 years.
- 75 per cent said they went to work sick with an infectious disease.
- 47 per cent had gone to work sick at least 3 times in the past year.

Sick leave

Your entitlement to sick leave (paid leave) under the MECA (set out in clause 21) from year 1 to 4 is a total period of 30 working days to take as sick leave during your length of service. Sick leave is then accumulated from year 4 onward with 9 days a year added to your balance. The employer may also grant more sick days if so required at their discretion. The production of a medical certificate may be required after 1 day but if you have taken less than 3 days the DHB has to pay the cost of obtaining the certificate.

'Mondayisation' of upcoming public holidays

Under the Holidays Act 2002 certain holidays are 'Mondayised' depending on when they fall and when you work. This year, Boxing Day falls on a Saturday as does the 2nd of January 2016 so these days will be 'Mondayised'. This means, that if you would not otherwise work on that Saturday the public holiday is treated as falling on the following Monday. If Saturday is your ordinary working day, you will receive time and a half and a day in lieu if you work it or a paid day off if you do not work it. If Saturday is not your ordinary working day but Monday is, then you will receive time and a half and a day in lieu if you work the Monday or a paid day off if you do not work it.

You cannot receive entitlements for both the Saturday and Monday – i.e. you can not double dip! This 'Mondayisation' business is not new law and your employers are (or should be) aware of what your entitlements are regarding this. If you have any queries related to 'Mondayisation' or public holidays generally then send us an email at delegate@nzrda.org.nz - we will endeavour to answer any questions!

Where are we at with accreditation?

The RDA has commented publicly this year about our concerns over the loss of accreditation for training doctors around New Zealand and what this means regarding the overall quality of clinical standards in our hospitals.

Training accreditation doubles as a key standard of clinical care and quality that is being delivered in any area. To be able to have doctors training to be specialists, a department must meet minimum standards that are independently set by Colleges and include indicators of quality of care, supervision and a commitment to training which maintains clinical excellence. A loss of accreditation means a loss of trainees but must also raise concerns about the standard of clinical practice in the area.

Over the last year there have been five instances where training accreditation has either been lost or threatened. The four departments are:

- Auckland DHB – set to lose accreditation for its DCCM Unit (ICU) this December (RDA staff recently met with the new director of DCCM);
- Dunedin Hospital - the NZ Orthopaedic Association withdrew advanced orthopaedic trainees effective December 2015 (however, SDHB has since successfully appealed against the decision of NZOA not to allocate posts and a new inspection is to take place with a new team at a later date); and
- Waikato DHB – may lose its accreditation of its Obstetrics and Gynaecology department.
- Also Southern DHB - its ICU department will not get accreditation back for the 2015-2016 training year and it has been placed on interim accreditation pending improvement.
- Just recently the MCNZ released its "Prevocational medical training accreditation report" for Southern DHB which identified 19 deficiencies as a result of a visit by the MCNZ to the DHB in September of this year.

These deficits include:

- No member of the senior management team responsible to ensure minimum standards of supervision and training;
- Insufficient supervisors being available and failure to hold regular meetings with the first year doctors to review progress. MCNZ also made the point that the first year qualified doctors need to know who their supervisor is!
- The absence of formal handover of patients. Handover is a clinical safety process whereby doctors review all patients who are new or have required urgent assistance during the shift, particularly overnight. It ensures we know which doctors are responsible for every patient, that we are up to date especially if there is a change of doctor on duty and for a consultant doctor to oversee what has occurred;
- Inappropriate informed consent procedures;
- Doctors not getting a formal orientation to the hospital when they start work.

SDHB passed its last MCNZ accreditation three years ago, so these failures have come about in a reasonably short time frame and under the incumbent management. RDA is calling on senior management at SDHB to take ownership of this situation and honestly address it. The MCNZ will return to SDHB in April 2016 to reassess its ongoing accreditation. A copy of the MCNZ accreditation report can be downloaded from the MCNZ website for those of you who are interested in reading it.

Parental leave

First, if the following applies to you, congratulations on either the impending birth or your time at home with a new member of your family. The parental leave provisions in the MECA may appear slightly confusing at first glance so if after reading the below you have further questions about parental leave email us at delegate@nzrda.org.nz .

Parental leave is generally unpaid leave but you are entitled to one of two payments, the first a lump sum payment as per MECA, and the second, paid parental leave under legislation with a top up also provided under the MECA.

MECA entitlements

You can take up to 12 months leave if you have had at least one year's service at the time of commencing the leave, or leave of up to 6 months with less than one year's service. Moving DHB's is considered continuous for this, as long as you don't break service for more than a month between moves. The RDA was successful in getting movement between employers recognised as continuous employment for the purpose of the government paid parental leave scheme. (Note: this does not currently include RMOs employed by the RNZCGP however we are lobbying to get this changed). So if you have been to Nelson and moved on to Otago, your service will be considered continuous for the request to have been in employment a minimum of 6 or 12 months to get access to the financial entitlement.

As already mentioned above, parental leave is leave without pay (it does not constitute sick leave). You will need to make an application for parental leave at least one month before you intend to commence your parental leave. This application will need to be supported by a certificate signed by a registered medical practitioner or midwife.

When you return from parental leave you are entitled to resume work in the same or similar position that you had at the time you commenced parental leave. This means equivalent salary and designation in the same or close locality comparable with those of the position previously occupied. Annual salary increments continue to apply in the same way as if you had not taken parental leave.

Having been granted parental leave you will need to notify the employer in writing of your intention to return to work (or to resign) at least one month prior to parental leave expiring.

There are two options open to you regarding payment whilst on parental leave: either, after you have completed a further six calendar months' service, you shall be entitled to a payment equivalent to six weeks' leave on pay or if you are receiving government paid parental leave you can choose to be paid the 6 week lump sum in instalments over 14 weeks.

The MECA also provides for you to be able to limit your hours of work during your pregnancy. You can reduce your hours as follows:

(a) From 28 weeks of pregnancy (or earlier if considered medically appropriate by the employee's lead maternity carer), no night shifts shall be worked.

(b) From 32 weeks of pregnancy (or earlier if considered medically appropriate by the employee's lead maternity carer), no long days in excess of 10 hours shall be worked.

(c) From 36 weeks of pregnancy (or earlier if considered medically appropriate by the employees lead maternity carer), no acute clinical workload shall be allocated.

If you do reduce your hours as above your salary shall be reduced in a manner agreed between the parties on a case by case basis.

For information regarding the Ministry of Business, Innovation and Employment Paid Parental Leave please visit employment.govt.nz

Paid parental leave was extended from 14 to 16 weeks from 1 April this year. This extention is one of two steps and paid parental leave will be further extended to 18 weeks by 1 April 2016. Note that the primary entitlement for paid parental leave rests with the primary carer (who assumes care of the child) – generally the birth mother.

Membership

Note about membership: remember if you are on parental leave you can stay a member of the RDA. If you choose to do so it is important to contact us and to let us know of your impending parental leave. You can put the payment of your subs on hold whilst you are on leave but need to notify us when you will be returning to work.