



RDA NEWS

ANNOUNCEMENTS

Read on to find out about upcoming events and other recent RDA news.

• Annual General Meeting

A reminder that the RDA AGM is to take place on Saturday 19 March at the Trinity Wharf Hotel in Tauranga at 10am. All RDA members are welcome to attend. The executive and secretariat report on the year's activities, the financial situation is reported on and the national executive members (in charge of running the RDA) are confirmed.

AGM ANNUAL GENERAL MEETING

• MECA Bargaining

Bargaining Round # 3 is set for Monday 21 and Tuesday 22 March. Note that after the cessation of each round of bargaining a summary is emailed out to all members and uploaded on our website under the MECA tab.

• Website

The new RDA website is up and running! We welcome any feedback about the website - in particular, let us know if there is certain information not currently available on the website that you think would be of interest or use to RMOs. We are in the process of adding a MECA FAQs section to the website so please make use of this as a first point of call if you have any general queries about a 'MECA' related issue.

Meet your delegates

Each issue of the RDA NEWS will now include a short piece introducing you to one of your current delegates. Our delegates do such a great job on the 'hospital floor' and are a helpful first point of call to members when you have a workplace issue. Check out our current list of delegates on our website.

Hi, I am Dr Sam Holford, an O&G wannabe (SHO) and National Exec member in Auckland, passionate about woman's health, workers' rights and medical education. I became a member of the RDA as a TI and my interest flourished after starting work at Waitemata DHB. Cross-cover outside ordinary hours, 'forced' cross-cover, declined leave requests, and dissemination of misinformation seemed to be the RMO unit's trademark. I've been doing my best to push back where appropriate and to empower other RMOs to do the same.



We are currently bargaining the national employment agreement (MECA), which is a drawn out process, but in the end will hopefully deliver significant improvements to our job satisfaction and patient safety. Recent issues brought to me include: training expenses not being reimbursed in a timely manner or being declined without reason (while the interest stacks up...); lieu days being used without RMO permission; leave being declined months in advance; and conditional leave approval (having to work the abutting weekend or arrange your own cover). None of this is okay and waiting for results is frustrating, but do get in touch with a delegate or the RDA office for clarification and assistance. Check out the new website and upcoming MECA FAQs section: an evolving explanation of all that employment relations mumbo-jumbo.



A typical day of cross-cover at Waitemata!

Reimbursement of training costs

Here at the RDA office we often get asked about your entitlements regarding reimbursement of training costs. The relevant clause in your MECA is 28, see page 38. Find a brief explanation below to some commonly asked questions.

What costs of training are reimbursable?

Costs of training are reimbursed (or alternatively the DHB may pay directly) under the MECA if it is training undertaken in the pathway to obtaining vocational scopes of practice including various diploma courses. This includes:

- examination fees;
- college fees (annual cost of membership of relevant postgraduate colleges);
- course and conference (training programme related costs);
- travel and accommodation incurred as a result of training e.g. to and from courses and examinations;
- required textbooks;
- you are also entitled to reimbursement of the costs of the MCNZ recertification bPAC programme.

It is generally non-contentious whether a cost is a reasonable one and one which is relevant to your training. There are only a few areas where we find members are met with resistance from the DHBs so if you think your costs are 'reimbursable' but the DHB thinks differently, get in touch with us.

To help, the agreed minimum list of training costs is broken down by speciality and is available on our website under the TRAINING tab.

When do costs of training need to be reimbursed by?

The MECA does not stipulate a particular timeframe in which the DHB shall reimburse costs claimed - the wording states 'on the production of receipts'. However, the DHB must not be unreasonable so... if you are experiencing difficulty with the untimeliness regarding receiving your reimbursement then we suggest 'cc-ing' the RDA into email correspondence with the employer. Where required we can always follow up with the DHB on your behalf.

What can I do to help support my case for reimbursement of costs?

We strongly suggest that (if you have not done so already) you complete and submit a career plan. The plan should indicate that a particular course (for example) is appropriate to your vocational scope of practice pathway. A career plan template can be found on our website under the TRAINING tab.

In addition, you may wish to have a conversation(s) with an SMO working in the department regarding future plans and your vocation in this area. Ask if they are able to vouch for you in writing in respect of (1) your chosen pathway and also that (2) a particular

training cost, such as a course or an examination is appropriate to your chosen pathway as outlined in your plan. However, remember, this is a MECA entitlement. The absence of the above does not preclude claiming.

Which DHB shall reimburse these costs?

The DHB where the expense occurs and the receipt is submitted is the one who pays. There are swings in roundabouts with this, so for example, Auckland DHB might have paid a cost of training for one RMO but the course or exam happens 6 months later when the RMO is at Taranaki or vice versa. This is reinforced by the MECA which refers to reimbursement on production of receipts, given most RMOs pay for these things well in advance, it is not uncommon for the reimbursement to fall to a DHB prior to the undertaking of the event - this is the case even if you carry out the majority of the training at an alternative DHB.

Also note that training costs are not dependent on the relevant department approving (or not approving) the reimbursement. It is not your responsibility to go and 'check' with a particular department and see if they can 'afford' it.



Update on the UK doctor's strike

The strike situation in the UK is not over yet - further industrial action is pending as protests by doctors, supported by members of the public, continue.

As you will be aware, the BMA (British Medical Association) has a number of significant concerns with the new contract for our UK colleagues proposed by the government. These concerns include for example, that some doctors will end up being paid less and that the restrictions on the number of hours being worked by doctors (in particular the increase to weekend and evening working hours) are not strong enough, which creates the potential to compromise patient safety.

Doctors took part in strike action on 12 January (UK time) whereby 4,000 operations and treatments were cancelled. On 10 February (UK time) RMOs in England took part in a 24 hour strike, objecting to pay and various other aspects of the employment contract proposed by the government - almost 3,000 operations were cancelled. Emergency cover continued to be provided to patients during these periods



of strike action and SMOs and GPs gave further assistance where required.

Despite some members of the public opposing the industrial action, last month, a clear majority of people in England polled in support of RMOs striking (subject to emergency care being provided for). The findings of the BBC poll were that 69% of the public supported strike action, 16% neither supported nor opposed the action and 15% were not in favour of RMOs striking.

So where are they at now? Negotiations are suspended and the BMA have recently announced that three further strikes are scheduled for next month and in April - starting at 8am.

The chair of the BMA's junior doctor committee has stated that "imposing this contract will seriously undermine the ability of the NHS to recruit and retain junior doctors in the areas of medicine with the unsocial hours, where there are already staffing shortages. This will have a significant impact on areas such as emergency medicine, maternity care and paediatrics to name but a few. The government must listen to the chorus of concern coming from all quarters and reconsider this disastrous approach".

The right to strike in NZ

The right to take industrial action in support of collective bargaining (aka to strike) is a fundamental right for all employees. It is a right that allows employees the opportunity to balance the power inequity that inherently exists between the employers, who are in control of the money and invariably have greater power in bargaining as a result, and employees.

The right to strike is recognised both at an international and national level. Specifically, it is identified in the United Nations Convention on Economic, Social and Political Rights which has been ratified by New Zealand. In addition, the Employment Relations Act codifies the fundamental right of workers to take strike action in support of bargaining for a collective employment agreement.

Given that strike action is a right you have as an employee under the law, you cannot be penalised in any manner for taking such action. So this means

you cannot be sacked, de-registered or discriminated against as a result of undertaking strike action.

The democratic right to strike is counter-balanced by the right of employers to lock-out staff in support of their bargaining for a collective employment agreement.

New Zealand law (unlike the legislation in the United Kingdom) introduces important qualifications in "essential services" such as the health sector. Whether a strike or a lockout, there are certain legal processes that must be adhered to leading up to and during the action that go to balancing industrial rights and patient rights. These include:

1. The need to give 14 days' written notice of industrial action - this allows the employer parties (usually) a reasonable opportunity to manage any adverse impacts of the industrial action on the public generally. Importantly, the requirement of written notice is intended to provide a reasonable measure of protection to the public, without unduly diminishing or undermining the right to strike. As an aside, it also gives the parties time to get a deal negotiated in perhaps a more focused environment!
2. The Code of Good Faith for the Public Health Sector includes the mechanism for Life and Limb Preserving Services (known as LPSs). As we say the law is balancing the two sets of rights, so doesn't go all the way, say for instance requiring all doctors to continue to deliver care in the broadest sense, for patients. It provides a process for the negotiation and settlement of contingency plans to cover the period of industrial action, for what are defined at law as life and limb preserving services. In the case of RMOs, the availability and capability of SMOs covers most of this but if there are no qualified SMOs able to provide LPS, the assistance of members may be requested from NZRDA (but notably not an individual employee) by our employers.

Like our UK colleagues, NZRDA has also faced strike action in our 30 year history. The rules, regulations and law around what can and can't be done however, are different in our two countries.

