

A FEW MEETINGS WE HAVE ATTENDED RECENTLY...

- 11 May : with Auckland DHB to discuss DCCM roster;
- 12 May : with MCNZ, Ministry of Health and Colleges to discuss Community Based Attachments;
- 19 May : with the Prevocational Review Group of MCNZ (report available on the NZRDA website for those interested);
- 26 May : with Southern DHB RMOs and management to follow up on raised issues;
- 1 June : with MidCentral DHB RMOs to discuss issues;
- 9 June : with Ministry of Health representatives to discuss healthy eating (more on this below);
- 13 June : with Waitemata DHB Health and Safety Committee;
- 14 June : again at Waitemata DHB to discuss improving environment for RMOs, particularly in medicine (surgery to come);
- 15 June : Health Sector Direction Forum with Ministry of Health, Treasury, Unions and DHBs;
- Member meetings recently taking place across New Zealand run by your local delegates to discuss bargaining related matters;
- We have recently printed RDA t-shirts for members to wear in support of safer rostering. If you are interested in showing support please contact your local delegate for more details. These t-shirts are free to members whilst stock lasts!



If you want to know more about any of the things the RDA does on your behalf please let us know.

Food for thought - MOH healthy eating campaign

Thank you to everyone who provided feedback to the Ministry of Health "Healthy Food Guidelines". Following on from our submission on the issue (which can be found at www.nzrda.org.nz) the Ministry requested a meeting with us and they brought quite a team with them including:

Julie Carter - Dietitian from ADHB

Stella Walsh - Dietitian and Food Service Manager from CMDHB

Doone Winnard - Public Health Physician from CMDHB

Andrea Bidois - Registered nutritionist from the Heart Foundation

Harriette Carr - Principal Advisor, Public Health from the Ministry of Health

Letham White - General Manager Corporate Services from BOPDHB

Yvonne Bruorton - Chief Advisor, People and Transformation from the Ministry of Health (via teleconference)

Their enthusiasm and commitment to the cause of healthy eating and combating the obesity epidemic was clear.

Our discussions initially centred around the various conflicting messages circulating between a Minister who doesn't support a sugar tax to drivers in our system behind the policy shift. Essentially, the healthy eating team see similarities between this process and smoking cessation: starting the ball rolling and recruiting to the cause both in terms of leadership but also politically, is key. Whilst smoking cessation is a more singular cause unlike the multifactorial "food" debate, getting incremental change is their goal. They see health as important in leading that change and are looking for allies and leaders within health to come on board. They were very clear: they want people to be encouraged to come on the journey, not be put off by the process.

This took us to the very practical impacts of the policy shift itself:

- How can we ensure sufficient, quality, appetising food replaces current options,
- what of our rights under the MECA meals provision, and
- what of the fundamental needs we have, as a result of how we work, to eat and drink what we do eat and drink?

They acknowledged the issues and stated a desire to address them with us to ensure our very practical needs were met. And they provided us with examples of what meal options could replace current offerings - a far cry from the almost universally decried macaroni cheese including:

- Mediterranean lamb mince with garlic pita and salad
- Open pita pocket topped with spiced chicken, salad, Greek yoghurt and hummus
- Calamari, fennel and chickpea salad
- Lamb koftas with couscous and yoghurt sauce
- Thai cashew coconut rice salad with ginger peanut dressing
- Smoked chicken, brie and cranberry salad with citrus dressing

A number of initiatives were discussed:

1. What if RMOs assist to audit the quality and availability of the change in food. In adopting the guidelines, DHBs still have to provide us with food and thanks to MECA they cannot change what they provide without our agreement. So it seems an ideal opportunity for us to deal with some quality issues we have had, whilst also doing some "greater good".
2. RMOs as leaders of change. You do set an example to many around you; staff as well as patients and their families. The team were keen to explore your roles as current and future leaders promoting healthier eating and of course have a positive impact on our obesity epidemic.
3. A potential tripartite agreement between NZRDA, the DHBs and the Ministry. RMOs would be involved in any change that would be made in terms of what food (if no cookies what instead?), how much (ensuring the limitation to sushi does shut half of us out of access), and how available (night and weekend issues often feature here). We would envisage participation at a local level, as has happened at Tairāwhiti where RMOs were actively engaged in changes to their café food, regionally and sharing of good ideas and practices nationally. This may also help with some of the "unique" provisions such as Waikato's milk.



In summary, the healthy eating team are looking for allies and quite frankly, help in changing eating habits. They see health taking a lead and because of our roles as doctors and leaders but also because of our unique meals provision, as being able to assist the process. From our perspective, meals cannot be changed without our agreement, so we could be a barrier to change or assist. If we take the latter path, we will see the end of chocolate chip cookies, but

will have a say in what replaces it amongst other quality factors.

It is NZRDA's advice that we get on board this train. We have the chance to effect positive change not only to the meals we are provided with, but help a process ultimately aimed at a positive health initiative aimed at the obesity epidemic. If members are keen on the idea, we would meet further with the Ministry and DHBs and more formally pursue written agreements around our involvement, the rights and responsibilities of the parties, as well as mechanisms. Email ask@nzdta.org.nz and let us know what you think

NZRDA Education Trust



The NZRDA Education Trust (the Trust) provides financial support for "the furtherance and protection of the education or training of RMOs in all aspects of medical practice in New Zealand." The Trust has sponsored the annual Delegate Training and other RDA-organised education and training events such as the upcoming Health Quality and Safety Commission (HQSC) workshop on clinical leadership (see below) and the Clinical Governance Conference.

Are you interested in applying?

The Trust also sponsors individual RMOs for projects. One RMO recently received funding to attend an overseas conference and help to obtain a certificate in leadership and education in the area of health (not directly relevant to their training pathway and hence not entitled to reimbursement for costs under the MECA). The RMO will be undertaking a systematic review of leadership training which is to be published and used to inform current and future leadership initiatives. Another application that was approved was for an RMO who was to undertake a Masters in trauma sciences. The course involved distance learning papers and internet-based modules in addition to practical and hands on experience (some of which needed to be completed overseas). The RMO is to have a role as an educationalist and the knowledge gained will therefore be valuable to other RMOs in the future.

To be eligible to make an application for financial support you need to be a NZ registered RMO working in New Zealand and your passion must comply with at least one of the following Trust's objectives:

- 1. Training Seminars and Conferences:** financial assistance towards the establishment and conduct of training seminars and conferences for RMOs;
- 2. Training Materials:** the production of newsletters, brochures, training manuals

whether printed or visual, and other training materials and aids for RMO education;

- 3. Scholarships, Bursaries, Grants and Prizes:** scholarships, bursaries, grants or prizes awarded to assist the further education and training of RMOs both within New Zealand and overseas;
- 4. Education and Information:** the education of and provision of information to, the medical profession and/or the general public in New Zealand regarding matters and issues of relevance to the education or training of RMOs in New Zealand.

Closing dates and more information

The Trust aims to consider all applications in keeping with the stated objectives of the Trust in April and October of each year but is happy to receive applications at any time. Each application will be considered on a case by case basis. For more information about the Trust please visit our website www.nzdta.org.nz and go to the 'Training' tab. Here you can read the full terms and conditions of the Trust, download the application form and read up more on other successful applicants.

HQSC clinical leadership workshop

At the recent NZRDA Delegate Training Dr Iwona Stolarek (HQSC Medical Advisor) presented on the topic of clinical leadership. Following on from this presentation the NZRDA have collaborated with the HQSC to conduct a one-day workshop targeted at RMOs focused on promoting a culture of quality improvement and patient safety in future clinical leaders. The workshop will take place in Wellington on the 28th of July (10am to 3pm) and will focus on areas such as:



- What makes a good clinical leader?
- Where is patient harm occurring and, as leaders, what can we do about it?
- Leading change within a complex system; Quality improvement knowledge and skills;
- Measurement and evaluation quality.

This will be a great opportunity for RMOs to participate in the discussion around clinical leadership generally and what skills are required to carry out successful clinical leadership more specifically. It is expected that after the session those who have attended will go back into the workplace and communicate with the wider RMO workforce about clinical leadership as the skills learnt will be of invaluable use to you in your current and future daily working lives. This workshop is highly relevant to

the RDA's focus on clinical governance. The NZRDA Education Trust is sponsoring up to 50 RMOs to attend and therefore travel expenses (to and from Wellington) will be covered.

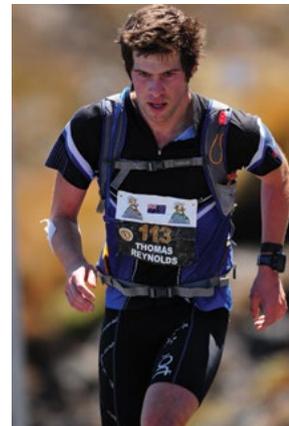
Contact us

If you wish to attend please register your interest by emailing ask@nzdta.org.nz (the replacement email address for delegate@nzdta.org.nz which will still be active but which we are slowly 'phasing out'). There are limited spaces so get in quick!

The type of leave you will need to request for this workshop is special leave with pay - if you have any difficulty obtaining leave please let us know. If you have any queries / comments regarding this event please do not hesitate to contact us.

Meet your delegates: Tom Reynolds

Hi, I'm Dr Tom Reynolds, one of the Lakes DHB reps and a recent addition to the National Executive. I'm currently living the shift work (nocturnal) dream as an ED SHO in Rotorua's busy emergency department. Outside of work I live for the outdoors spending plenty of time on the lakes and in the forests around the Rotorua area.



As RMO's we're a busy bunch, with a tendency just to knuckle down and get stuck into the work in front of us. I got involved with the RDA because I'm sick of working in a system where our employers take advantage of this. We have some really valuable rights in the MECA, things which can make our jobs much more pleasant. A big barrier to getting there is awareness, in our busy jobs there is little time to pick through the MECA. We are also a group that regularly move or change jobs, so often a problem can persist simply through lack of continuity of staff to effect change. That's where the RDA comes in.

In Rotorua we're tackling reliever shortages and some non MECA compliant rostering practises. It is a long, often frustrating road. But the changes we have achieved so far have made a real difference to RMO quality of life, education opportunities and patient safety.

My advice to any RMO would be to know your rights. If something seems unfair, or you're not happy with a situation the DHB has put you in, ask your delegate as they are a wealth of knowledge. The RDA website also includes a section on MECA FAQs which is a great first point of call and can help dispel DHB myths!