

2018 MECA BARGAINING

protect & improve



16th April, 2018

On a somewhat stormy 10th and 11th April, we met with the DHB bargaining team to carry on from the previous round of negotiations. This was over a month since the first time we met, but at the request of the DHB ER group had agreed to a fortnight's delay in order to allow the DHBs time to engage with the ministry around bargaining parameters, and come to the table better prepared to bargain.

The claims (ours are the red claims and the DHB claims are blue).

Pay

The DHB had previously agreed to have a conversation regarding the low rate of pay for RMOs and tied their response to this claim in with their claim regarding the remuneration model (see below)

Steps on the scale

The DHB team had carried out some investigation into this claim and identified that there had been more RMOs sitting on step 10 of the registrar scale in 2009 than there are now. We responded that this didn't really have any relevance to the current claim other than they were lucky we hadn't tabled a claim then. We went on to state that the reasons behind why RMOs need longer than 10 years as a registrar are not relevant, more that when there is clearly agreement that a 9th year registrar warrants higher pay than an 8th year registrar, and has added value, then the same reasoning should apply to an 11th year registrar in comparison to a 10th year one.

Change to frequency of weekends

The DHB team want to examine this claim on the basis that with more departments moving to 24/7 care which means that they would need higher levels of cover than currently in place on weekends, and that with moving from 1 in 2 weekends to 1 in 3 as a maximum, this may be an issue. We encouraged the DHB team to investigate this claim further especially since WDHB Gen Med House Officer roster (previously one of the worst in the country) no longer has 1 in 2 weekends which proves it is possible to do. We questioned exactly how many rosters are out there that still have such a pattern, and that until we had more information regarding the size of the issue it was not possible to explore the matter properly.

Medical Education Leave

Thank you to all of you who took part in the survey regarding the two courses that seem to be the cause of the issue around running out of medical education leave; these being the Surgical Part 1 Examination Preparation Course and the Postgraduate Diploma in Surgical Anatomy. The DHB team had questioned when these courses should be undertaken expressing concern at having to do both e-portfolio and courses at the same time, the increasing numbers wanting to do them, and those RMOs who did them and then didn't end up in the surgical training programme. Interestingly the survey showed that getting the leave approved to attend was not the issue but more so the impact of attending these courses on MEL balances was. We reassured the DHB team that RMOs are capable of attending courses and concurrently completing e-portfolio. More RMOs undertaking the courses isn't a bad thing. Even if the courses don't lead to surgery the courses are of benefit regardless of what vocational training programmes are finally completed.

Increase in "no 8 hour break" penalty payment

The DHB group had signaled that they were prepared to consider reviewing the amount paid but wanted to look at the wording of the relevant clauses as it was some time since they had been

revised and they appeared to them to be out of date. We agreed and said we wanted to include receiving a telephone call that then prevented 8 hours of rest from being possible before returning to work also being a trigger for the payment. The DHB team was not convinced, however we responded that given the intent of the clause is to disincentivise rostering that could prevent adequate rest then surely telephone calls should be included!?

Increase in the on call allowance

Whilst the DHBs had indicated a willingness to investigate increasing the rates for on call they also wanted to look at reducing the minimum of four hours for call backs to three given this is the nurses' minimum period. We responded that the call backs carried out by RMOs are more complex and would result in a higher chance of staying up to at least three hours and therefore the ratio of actual time to the minimum time in the contract is quite different.

ED rosters and Schedule 4

The DHB team didn't have a problem moving the clauses but was a bit more concerned regarding the change to the weekends to which we responded that this is a package deal. Schedule 4 could remain a schedule that has expired in which case we would start enforcing the 1 in 2 weekend provision for all rosters including ED.

Cross cover payment increase

This claim created quite a robust conversation as we maintained the position that although the RMOs are at work already, the very wording of additional duties makes clear that it is a payment for duties being carried out in addition to normal workload which is what cross cover is. Our team also provided some clarity around the reality of cross cover, that often these gaps have been known about for some time yet no cover found, that there are rosters and run descriptions that include cross cover so to assert that it is always the decision of the RMO concerned is simply not true. The DHB team responded that in their experience RMO units do try their hardest to cover gaps but that if they had more flexibility around being able to roster relievers with little notice fewer cross cover instances would take place. We replied they have that flexibility now, but are just not willing to pay the additional duties rates to relievers, that such a request would trigger.

Protected Teaching Time

As the DHB group had indicated they didn't have a problem with increasing PTT, but wanted to look at what activities qualified as PTT, we responded that what defines a clinical duty is quite clear and we weren't sure why the DHB was unsure. We agreed to look in to this matter further.

Transfer Expenses

We provided the DHB team with our proposed wording to replace the current provisions, which was basically that all actual and reasonable expenses associated with transferring should be reimbursed. We were not that surprised to learn that their team felt this was too wide and that they have put together some wording of their own which they had yet to finalise and present.

Moving Schedule 10 limits into the body of the collective was part of a wider conversation which we go into more detail around below.

When we moved to the DHB "claims" we made clear to their team that it was not genuine productive bargaining if they were unable or unwilling to turn their issues into actual claims. We questioned whether their not doing so was because they either could not articulate the claim or knew what our response would be already. In either case they should consider not going ahead with such a claim. After taking some time they did manage to provide some detail around what their issues were, but still did not table any claims. The two issues that included more detail were as follows:-

Remuneration model

The DHBs, in their attempts to change the remuneration model, had come up with some alternatives. However these options were so light on detail that we responded that we could not review or assess them and that without the whole remuneration package being transparent it is simply impossible to consider the impacts of any change. We did stress the need to ensure that no RMOs suffered a loss in pay as a result of moving to a changed model. So back to the drawing board for the DHB team if they seriously want to change the remuneration system. They need provide us all the detail, including the financial investment required to make any change viable, before going any further.

Schedule 10

In spite of our multiple requests, the DHB team was unable to advise exactly what changes they want to claim with regard to Schedule 10. They have already strongly asserted that they do not want to “roll back” any of the schedule but rather want to have a conversation around various issues. Again the were not presented to us. The DHBs then stated they wanted a whole day dedicated to have this conversation. We responded that until we had some detail or surety around what exactly they were wanting to change we did not think having a whole day put aside would be progress. They have advised they want to bring some other individuals to the bargaining table who would be better able to explain the issues. We expressed surprise that given that they are the group responsible for bargaining they are unable to do this themselves. We reiterated that non-implementation was the big issue for us which was the basis for our claim to move the limits into the body of the MECA.

We are becoming increasingly frustrated over the lack of detail, clarity, and specifics with regard to the DHBs’ claims. We wonder why, by now, they are still so unprepared. We are meeting again 1st and 2nd May and will put this to them if they do not come to the table with clear and legitimate claims. If they put the effort into specifying their claims and the problems they believe they will address, and the method by which their claims will achieve this, then we can have meaningful bargaining.

If you have any queries or comments please get in touch either with your local delegate or as always directly with us.