



7th September 2018

Dear Members,

We met with the DHB bargaining team on Tuesday and Wednesday this week and finally they tabled a set of claims and what a set they were. Whilst previously claiming the two big issues they were seeking resolution on through bargaining were Schedule 10 and the remuneration model, what they tabled was a vast quantity of claims many of which have very negative potential impacts. What follows is a summary of the changes we feel will most impact you and your working (and living) life, however we have attached the full document so you can review it in its entirety. Many of you who have been around a bit longer will experience *deja vu* as it would appear the DHBs want to have another crack at some of their past failures.

1. Reducing the role of the NZRDA in regard to changes for RMOs

Currently there are a number of changes that require the agreement of the NZRDA before they can be carried out particularly around limits on hours, but there are other instances. The DHBs are seeking to instead leave it to you the members to advocate for yourselves against senior medical and DHB staff. These clauses include those limiting the number of shifts that can be worked in a day, combined periods of on call and on duty being in excess of 16 hours, rostered shifts being less than 8 hours in length, the proportion of nights that can be rostered in ED, rosters becoming shift rosters outside of ED and ICU and so on.

2. Removal of the 2/3 agreement for run/roster changes

Related to the claim above now they are also seeking to change the 2/3s agreement from RMOs required before a change can go ahead, to being 1/3 not agreeing to the change (which would require greater participation from RMOs throughout change processes), But it doesn't end there if 1/3 of RMOs do disagree to the proposed change to the roster the DHBs then want to be able to have another try. They then want to move to a process of trying to get consensus from the RMOs and if that fails moving to trial the proposed changed roster – all of which is done without the involvement of the RDA.

3. Changes to the way and amount we are paid

Yet again the DHBs are seeking to get rid of clause 8.1.2 where it applies to non-shift rosters. They acknowledge in their document that this will result in a number of run categories dropping (previous estimates have this occurring for 10% of runs). Whilst they have indicated "transitional protections" can be discussed to manage when this drop occurs they have not provided any detail as to what these protections could be.

4. 2% pay increase per year for 2 years

Although we have raised at every set of bargaining already how an RMO salary is extremely low compared with other health workers, particularly nurses, they are proposing a salary that only exacerbates this imbalance. Interestingly whilst they claimed that this was all they could afford they then went on to say that this increase could go up if we agreed to the removal of clause 8.1.2

5. Changes to run category review process

When a roster is changed the DHBs want to be able to implement changes to run categories without carrying out reviews. They want to be able to make the change to run category based on their calculations and even if those calculations are disputed by the RMOs the run category change is still implemented and then a run review is carried out within 6 months of the new roster being implemented and back dated to the commencement of the review. For any other run review (triggered by something other than a roster change e.g. RMOs noticing their hours have increased) an increase to the run category would only get backdated to when the review was initiated.

6. Changes to Schedule 10

There are a number of proposed changes to Schedule 10 that the DHBs are seeking to make which reduces the ability of the RDA to monitor and maintain the robustness of this work and these rosters, weakens the recuperative qualities of RDOs by scattering them throughout the

weeks before and after worked weekends, and withdraws the entitlement to the RDOs if for example an RMO is sick over their rostered weekend. Finally there is an “opt out” option claim.

7. Reduced remuneration for call-back rosters

Whilst they have indicated a willingness to increase the on call allowance from \$4/hour to \$8/hour they want to claw back the minimum payment from 4 hours to 3 hours. They also want to change the provision so when two call backs are carried out and the second one is within 3 hours of the first one instead of being paid 2x 3 hour payments you only receive one payment for the length of total amount of call back.

8. Significant Changes to Cross Cover

The DHBs want to change the definition for cross cover to being only when you cover a rostered duty, so if you don't cover the whole rostered duty but pick up some of the duties of the absent colleague then you would not be paid. They also propose to only pay when the service and you agree there is an increased workload. Why would a service ever agree we have to ask and again we are sure RMOs will be pressured into dropping claims. You would have to prove that performing cross cover has resulted in an “increased work load” – all this and a derisory increase to the cross cover payment from \$150 to \$165 when we were claiming additional duties rates for cross cover. They also want to include cross cover as a method of covering leave which will result in this being the first “go to option” and legitimize cross cover being a viable method of covering leave rather than the last resort.

9. Training

Regional training programmes may be developed that result in RMOs rotating between DHBs however such rotations no longer require the agreement of the RDA and the DHBs want to be able to change the manner in which training is provided without requiring the agreement of anyone.

There are other claims we encourage you to look at and including:-

- **Weekends abutting leave not being worked to only apply to annual leave**
- **Locums to pay for all employment related expenses themselves**
- **Rotating RMOs to work at other DHBs no longer requiring the agreement of the RDA**
- **All the DHB specific ED entitlements (Schedule One) to be removed if they are inconsistent with the main ED rules**
- **Method of payment for cross cover at BOP and NMDHB to be “bought out” although no detail of this buy out is provided**
- **The right to share information contained in personal files across DHBs**

Now is the crucial time to provide feedback to us on these matters. We are meeting with delegates across the country to discuss the bargaining so if you prefer to contact them and provide them with your response by all means do so. Once we have received your feedback and met with the delegates the bargaining team will be deciding on where to from here. We have raised our concerns regarding the delay in both the tabling of claims and the ongoing frustrating bargaining approach from the DHB team.

We meet with them again on 20th September to respond to their document and progress the issues that we have raised. We will also be pushing the employers to work harder to achieve a settlement. The MECA expired seven months ago. During that time the employers have either wasted our time with discussion of vague unspecified ‘issues’, or now by raising outrageous claims that they know will be unacceptable. We need to get the message to the DHBs; make a reasonable offer and settle our MECA.

Thanks