



Bargaining Updates



RDA Bargaining

We been talking with the DHBs throughout November, with bargaining continuing through December. We'll keep you updated.

GPEP Bargaining

All GPEP (current and to-be) members have received a newsletter regarding the bargaining that took place mid-November, and an update more recently. We met again on 2nd December and will be again in the new year. In the meantime please email gp@nzdca.org.nz and provide feedback, particularly on:

Conference costs - how much would be ideal

Study leave vs discretionary leave

Christmas/ New Year RDA Office Hours

The RDA office will reduce to skeleton staff from 24 December until 16 January. A staff member will be at the office between 1000 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.

Rights of Employees to Speak To Media

Many of you will be aware of the letter we received from DHB lawyers threatening disciplinary action for any RMO speaking to media. The letter didn't completely bar employees from speaking to the press - only insisting we don't identify the DHB we work for.

The DHBs have claimed no intention to interfere with the rights of members to speak with media, however the message went:

"The DHBs acknowledge members' rights to speak with media and others about industrial relations issues, and have no intention of interfering with or limiting those rights.

However, we remind NZRDA and its members that the DHBs have in place clear media policies including that employees are not to make public comments or statements on behalf of that DHB without express prior consent. Identifying themselves as employees of particular DHBs



or hospitals, rather than as speaking on behalf of NZRDA, has the potential to place RMOs in breach of those policies, leaving them liable to disciplinary investigation.

Please ensure that RMOs do not identify themselves as employees or any specific DHB in any future media interactions."

The first paragraph might be quite believable (and correct in that the DHBs cannot interfere with our right to speak publically) if not for the disingenuous second paragraph, where they clearly are interfering with those rights to speak. It promotes a culture where RMOs might rather choose the safer option and not speak to media altogether.

Last month it was revealed Waikato DHB was telling orthopaedic surgeons to forego follow-ups with patients and take on new ones in order to meet national health targets. Applying the same media policy DHBs tried to use against RMOs in this circumstance would mean those surgeons could not name Waikato DHB as the perpetrator - leaving people wondering exactly which DHB might be postponing their follow-up to satisfy an excel spreadsheet.

And in our current predicament, should we accept the DHBs' attempt to silence RMOs, the public

won't know which of our hospitals have unsafe working conditions.

The DHBs have also breached the code of good faith, as per the Employment Relations Act of 2000, which states, "(the parties must) recognise the role of health professionals as advocates for patients." Patients have every right to know if their DHB is not functioning safely, but they can't if their DHB is preventing those very same advocates from representing them.

We believe the DHBs want to perpetuate a widely held misconception that health sector employees aren't meant to speak to media. In actuality there's no reason why you can't - you just have to align yourself with the union, rather than your DHB.

But also remember they wouldn't be doing this if our Safer Hours campaign wasn't successful. Though somewhat of a hindrance - take this as an encouragement instead.

Delegate's Profile - Soane Misiloi

Hi, I'm, Dr Soane Misiloi and I work at Counties Manukau DHB as an ED House Officer. I am on the NZRDA National Executive as one of the Auckland Regional Representatives. I am currently PGY2, working towards a career in surgery. Middlemore is a large hospital which serves one of the struggling populations in New Zealand. Each day brings something different. It is not just the medical issues but also the other socio-economic and cultural factors which present challenges. When I am not working at the hospital you can often find me at my local crossfit-box - exercise is a great way to keep a work-life balance.



I became a member of the NZRDA in 2014 after experiencing a number of managerial issues early on in my career - in particular rostering-related issues. I found the support of the RDA office and delegates was instrumental in assisting me with managing these problems. I find being an RDA delegate rewarding because other members appreciate my help. At times, really simple things can be resolved quite easily when pointed in the right direction.

I have also enjoyed participating on the RDA bargaining team and having insight into the negotiations taking place this year working towards safer hours for RMOs. There is a lot of work that goes into this bargaining and members are well represented at the bargaining table by a knowledgeable and passionate team!

Cross-cover at Middlemore Hospital, whilst mostly under control, can be improved. The NZRDA is working with the DHB around improving instances of cross-cover. We are looking forward to positive changes being made in this area over the coming year. Leave and reimbursement (for costs of training) is also an issue for members in the Auckland Region - these issues have been raised with the Northern Regional Alliance (NRA) and progress will continue being made.

I encourage anyone who is thinking about becoming a delegate to attend next year's delegate training (held in March in Silverdale, Auckland) - this is a great opportunity to find out about your entitlements under the MECA and to meet other delegates.

Delegate Training 2016

How do I become a delegate?

If you are interested in becoming a delegate we suggest you talk to an existing delegate or contact the NZRDA office for more information. As a delegate you will develop negotiating and problem solving skills, hold meetings, help others less able to speak out and have a real say in the future direction of the medical profession. You will also be able to attend the annual 4-day delegate training. Next year delegate training is taking place from March 29-April 1 (inclusive) in Silverdale, Auckland.

Email ask@nzdarda.org.nz to reserve your place



Clinical Governance Summary

First, a confession: I went into the recent NZRDA Clinical Governance Conference without much of an understanding of what the term 'clinical governance' actually means. My main motivations to attend were an interest in the speakers presenting, a sense of curiosity, and of course the prospect of a free trip to Auckland!

What a pleasant surprise then, to experience an engaging two days that spoke to many of my ongoing frustrations, and offered hope that these can be overcome. We were offered many perspectives on what clinical governance actually is. For me, the overall theme of the conference was one of enabling individual clinicians to take leadership in ensuring our healthcare system is as good as possible, both through empowerment and the creation of governance structures.

As a conference for RMOs, unsurprisingly the predominant focus was on RMO-led systems change. Collectively we have a powerful perspective that needs to be heard. We are frontline workers who experience the functioning (or lack thereof!) of our system first-hand, and as relative newcomers to the system we can offer a fresh perspective. I often think that, if you were designing a healthcare system from scratch, it would be unlikely to look anything like what we have today. This is a perspective that will likely become harder to maintain over time, as I become more indoctrinated to the system ('our healthcare system has worked just fine for a long time now, why change?').

This theme was explored from a number of perspectives. We opened with an address from the director general of health, Chai Chuah, offering his thoughts on current challenges and changes facing healthcare in New Zealand. The conference then proceeded to offer a number of thoughts from clinicians in leadership roles, both in New Zealand, and internationally. The second day turned to us as RMOs, with a number of talks outlining practical examples of RMO-led change, and concluded with a breakout session where we tackled a number of hypothetical scenarios and formulated action plans going forward.

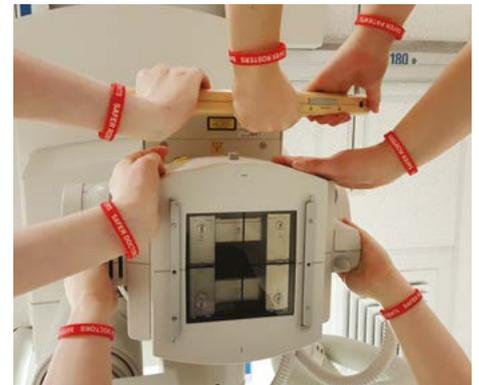
What then did I take away from the conference? For me, the biggest lesson was an increased sense of awareness that, yes, it is possible for RMOs to affect change. It is possible for us to utilise our frustrations, and actually work towards fixing problems rather than just accepting (and complaining about) them. Big challenges do remain - turning words into action, and supporting those RMOs in leadership roles to become true enablers of change. However, for me (and I hope many other conference delegates) the conference helped to

crystallise a desire to achieve something.

A big thanks to the RDA and the education trust for organising this event, particularly in the midst of all the current industrial bargaining. It's certainly helped me to view the RDA as more than just a union.

Safer Hours Campaign

Thank you to everyone for your perseverance and efforts over the last several months. It's been a long and particularly frustrating endeavour for all. The campaign has been seen across Facebook, media, petitions and even wristbands. We've received a lot of support from the public and members of other unions - having sent pictures of themselves wearing our wristbands:



Waikato MRTs showing their solidarity with resident doctors for Safer Hours



Jeremy Wells, taking creative license on the meaning of 'wristband'



Gisborne RMOs building a community garden during their industrial time-off