

What We've Been Doing

A lot's happened with our Safer Hours campaign since the New Year. Our strike during 17th to 20th January was met with near-unilateral support by RMOs and the public. Striking once is already too much, and striking twice was almost unthinkable, but unfortunately the DHBs were still unwilling to move on some matters, such as:

- Days off being attached to a weekend
- DHBs still wanted ultimate control over rosters and our 2/3 provision gone



It's been somewhat of an industrial rollercoaster since then (if not the entire time), but we've finally reached settlement. Apparently the DHBs were worried RMOs would use the 2/3 agreement to veto their newly negotiated rosters. To allay their fears we added a clause in the MECA stating we would work the rosters we'd agreed upon...the very ones we felt so strongly about we went on strike for...twice.

A gargantuan-thanks to our delegates, members, and the New Zealand public for all the help and encouragement over the long journey.



NZRDA AGM 2017

The AGM is our policy-setting meeting held annually. It is the time when the executive and secretariat report on the year's activities. The venue will be 379 Wainui Rd, Silverdale, Auckland on 1st April.

Agenda:

1. Apologies
2. Minutes of the last AGM
3. Matters arising from the minutes
4. Reports
 - a) President's
 - b) Secretariat
 - c) Treasurer's
5. Notification of election of officers
6. General Business

All members are welcome to attend; however to best ensure at least one person from each hospital is present, NZRDA facilitates delegates' attendance. This enables members who cannot be there on the day to still have input through your delegate as well as get a report back.

The AGM is also the time when election of officers occurs: the national executive members who are charged with running the Association between AGMs are confirmed in office. All our executive members are elected, including our national secretary. Nominations are called (again) 3 months in advance of the AGM. If anyone is interested in knowing more and would like more information, please email ask@nZRDA.org.nz or contact one of the current exec members.

Wellington GP Registrars Undertake Exam Inside Tsunami Danger-zone

The Kaikoura earthquake struck on 14 November right after midnight. Trainee Doctors sitting their GPEP exams having experienced sleepless nights in preparation leading up to the exam were then told that they still had to sit the same morning the earthquake occurred.

Worse yet, the hotel where the exam was held

in Kilbirnie fell inside the tsunami danger-zone, and students were still required to sit the exam anyway

"After all, you've just had a less than productive sleep under the adrenaline of a disaster warning, then you're asked to sit an already challenging test with the looming threat of a possible tsunami."

Not only was this appallingly unsafe, but no doubt affected the performance of those taking the test. After all, you've just had a less than productive sleep under the adrenaline of a disaster warning, then you're asked to sit an already challenging test with the looming threat of a possible tsunami.



The students were even made to sign a waiver, stating there no adverse circumstances that could affect their performance during the 4 1/2 hour test. Students could have withdrawn, however they would've had to wait a year before resitting.

No immediate plan was announced by the college to rectify the results for those who were impaired by current events, despite NCEA allowing emergency grades to their students under the same situation.

We understandably took issue with that.

After considerable pressure from the NZRDA, the College finally agreed to allow those who failed the test to resit in May without the standard exam fees applying. However the expectation of the College to require the registrars to sit the exam under such circumstances to begin with does not reassure us of their down-to-earth nature, or their being reasonable employers.

Meet Your Delegates

Hi guys, I'm Dr Kat Foster, and I'm living the dream as an ED trainee working in the Auckland region. I'm also lucky enough to be one of the Auckland representatives on the NZRDA National Executive, as well as an Auckland delegate.



Over the last year, I've been part of the bargaining team negotiating our brand new MECA. The hard work and sacrifice made by you, our members, is the reason we now have a safe, secure contract. It is a testament to what can be achieved when

we stand together, and it makes me so proud to represent a group of people willing to give so much to protect ourselves, our patients, and the future of our profession. The solidarity of our organisation is our strength, and our strength is the reason we have safer rosters, for safer patient care and a safer future, so thank you!

PS. Join up your friends, get to know your MECA, and if you're in Auckland and need anything, flick me an email: kathryn.foster.nz@gmail.com

Report From Engagement Workshop

We recently took part in a workshop hosted by the Australian Medical Council looking at "Engaging stakeholders in delivering high quality medical training and education" in Melbourne.

The workshop began with Professor Kate Leslie from the AMC Specialist Education Accreditation Committee explaining the assessment process carried out in order to accredit Colleges as training providers. She explained the make-up of the committees involved in this process which includes trainee representatives and covered how the AMC currently engages with trainees around their experiences in the training programmes.

There were then three separate speakers or groups of speakers:-

- Professor Stephen Tobin from RACS talking about how the College consults with trainees and how they had engaged around the bullying and harassment work carried out recently
- Ms Rebecca Udemans and Ms Susan Biggar who spoke to their joint project with RACP looking into patient centred care and consumer engagement
- Finally Mr Mark Bodycoat spoke about consumer engagement by regulatory bodies in general

After morning tea a panel discussion was held whereby four panellists from a variety of groups discussed inclusive consultation. This was mainly consumer focussed but included how to consult with those in the rural sector and refugees where cultural and language issues need to be worked through.

The question and answer session that took place at the completion of these sessions raised a number of issues:

1. There is no group like the NZRDA in Australia and the Colleges often seem to forget that New Zealand is a separate country, if they remember us at all. The participants, who clearly were mostly Australian, did not seem to even consider representative organisations when consulting with trainees. We have a role in this process and do represent RMOs in this country.
2. There is no golden solution to the problem of protecting trainees who are easily identifiable when providing

feedback regarding training issues however as with the above comment the NZRDA can assist in forwarding the views of the trainees whilst protecting the vulnerable.

3. Some SMOs still seem to think the perceived issue of 'vexatious bullying complaints' as being of greater or equal concern as genuine bullying, when all they were trying to do was 'give constructive criticism'. However it was pointed out that SMOs need to learn how to deliver feedback in such a way that it cannot be construed as bullying.
4. As little as 20% of trainees respond to surveys from their Colleges. The point was made that this is in part due to the view that regardless of the feedback in these surveys nothing changes so there is little buy-in.
5. It is important to avoid tokenism when appointing representatives on various committees. Trainee representatives need to be protected in their role and provided with the resources necessary in order to genuinely represent their colleagues.

A few years ago the NZRDA presented to the Council of Medical Colleges regarding Trainee representation which in summary stated that in order to resolve the issues associated with trainee feedback, including the failure on the part of the Colleges to support genuine feedback, to avoid lip service, to acknowledge the tension between service and training, and to address the issues associated with trainees not wanting to forward accurate feedback for fear of career impacts and the reasons identified above, the NZRDA wanted to work with the Colleges to:

- a) Establish best practice guidelines for trainee feedback and the utilisation of such
- b) Ensure the existing established processes were supported and understood
- c) Discuss anything else the Colleges considered relevant

To date the Colleges have not taken us up on the offer.

Leading Our Futures: NZ Health Strategy - Choosing Wisely

The Council of Medical Colleges is promoting a "Choosing Wisely" campaign to improve care and create a culture where patients and health professionals can have valuable, informed conversations avoiding unnecessary tests, treatments and procedures.

On the 30 March they are having a symposium aimed at health professionals, service managers and policy makers who want to know more about the (international) campaign, how it is working overseas and what is already happening in NZ. The

keynote speaker is Prof Wendy Levinson, Chair of Choosing Wisely Canada.

The symposium is to be held in Wellington on March 30, 2017. You can register for the price of \$264.50 (early bird) at <https://choosing-wisely-implementation-symposium.lilregie.com/step1>

For more on Choosing Wisely go to <http://choosingwisely.org.nz/about-us/>

Competence, Conduct and Health Concerns workshops

MCNZ is holding two workshops (one in Auckland and one in Wellington) later this month on 'Competence, Conduct and Health Concerns'. This follows on from a symposium held in 2015 where the boundaries of what, and probably as importantly 'who', should be dealing with these issues was raised. Issues bouncing between MCNZ and the employer is not appropriate, and in our view the employers are failing to take their responsibility seriously, all too often in deferring to MCNZ including times when such seems to be used as a threat to unjustly promote compliance.

An NZRDA representative will be attending both workshops.

MCNZ 360-Feedback for House Officers

MCNZ again, this time regarding the introduction of 360 feedback for House Officers. NZRDA has supported this proposal given we are after all members of a team and need to be able to receive feedback especially as medical leaders. However the 360 must be appropriate (not based on whether nurses like the cake you brought for morning tea!) and not just stop with us. All doctors should be involved in 360 feedback.

Consultation on the proposal is starting shortly with two NZRDA representatives on the MCNZ subcommittee. Watch this space for updates and have your say.

International Coordination Meeting for the Australasian Medical Unions

NZRDA and ASMS attend this biannual two-day meeting held in Canberra and another state (they include NZ in this) each year. All states provide updates as to what is happening in their jurisdiction as well as sharing information and discussion about relevant topics such as workforce (e.g. Australia's production of medical graduates, including the number of Australian trained NZ'ers who might one day seek to come home), college and training challenges etc. We will be presenting on our recent dispute at the April meeting in Canberra including the use of social media, impact of strike action and of course the final settlement.

