



New Zealand
Resident Doctors
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Ms Olivia Carville
Reporter
Fairfax Media

By email: Olivia.carville@fairfaxmedia.co.nz

31 July 2013

Dear Ms Carville

Re: DHB OIA Request regarding Resident Doctors Meals Provision

DHBSS has provided us with a copy of their response to your OIA request, dated 16 July 2013. In the interests of balance, we believe our perspective on this matter is relevant. In our view the DHB response contains both inaccurate information as well as being more reliant on rhetoric and anecdote than fact.

Key points include:

1. The meals provision is a health and safety provision, for both doctors and their patients. Its basis in how we work has not substantially changed since its introduction.
2. The provision constitutes a condition of employment and must be considered in the context of the other terms and conditions under which Resident Doctors work.
3. The DHBs (or NZRDA) have not sought to negotiate a change to this MECA provision in the past 20 years.

Why Provide Doctors With a Meal?

Resident Doctors are the doctors who staff our hospitals on duty 24/7. This is the basis of the name. Our presence as the only doctors always on site 24/7 has not changed in decades. Other doctors specifically consultants are on site mostly during the day, however even then not consistently as they (appropriately) have off site commitments.

We are as a result the only doctors immediately available to patients 24/7; other than in rare instances, Resident Doctors do not leave the hospital during their periods of duty in order to remain available to patients (and the other health care team involved in their care). The reasoning for this is simple: if a patient is in pain, their condition deteriorates, acutely unwell patients present needing immediate attention... their doctor is available to assess them, give advice and do whatever is required.

One doctor could conceivably hand over to another doctor to care for their patients whilst they go for a meal, however handover of patient care presents clinical risk; one we try to keep to a minimum. This risk is one reason for the 16 hour days we work; ensuring that handover only occurs twice a day.

Whilst our hours were limited in 1985, those same limits are the ones we still work to today;

- 16 hours a day, and
- 72 hours a week, and
- 12 days in a row with 2 days off.

The DHBs correctly state that more work to reduce these hours is required, and in our view long overdue. However to suggest the meals provision is “historical” because our hours are either “new” or as a result of limits being less than overseas jurisdictions, is misleading.

Resident Doctors work up to 16 hours a day, commonly including sixteen hour days on Saturday and Sunday in addition to working the weeks either side. As stated above in an environment where they remain constantly available to patients, the provision of a meal, ensures that despite these demands on the doctors, they get food and hydration during what are very long, physically and mentally demanding periods of duty. This often includes access to a meal long after the café has closed or food that is able to be taken away with them as they go to attend patients.

It is because of the manner in which Resident Doctors work, and the potential impact on patients changing the system could have, that meals continue to be provided to Resident Doctors. It is not the only consideration however as the following demonstrates.

What if Resident Doctors enjoyed the same contractual terms as other Health Practitioners?

Other health practitioners commonly have provisions such as the following:

“Except when required for urgent or emergency work and except as provided below, no employee shall be required to work for more than five hours continuously without being allowed a meal break of not less than half an hour.

An employee unable to be relieved from work for a meal break shall be allowed to have a meal on duty and this period shall be regarded as working time.”

“An employee unable to take a meal after five hours' duty shall be paid at time-half rate in addition to normal salary from the expiry of five hours until the time when a meal can be taken.”

“An employee who works a qualifying shift and who is required to work more than one hour beyond the end of any shift (including an ordinary day), (excluding any break for a meal), shall be paid a meal allowance of \$11.00 or, at the option of the employer, be provided with a meal.”

As you can see from these provisions, health practitioners are expected to have a meal break before 5 hours is up. For a Resident Doctor undertaking a 16 hour day, three half hour breaks would apply in this scenario. There is also the provision for the 5 hour period to be exceeded “for urgent or emergency work” when they are given a meal on duty. There is little difference between this provision and the Resident Doctors, who the DHBs have agreed cannot be relieved from work due to the nature of the patient care they provide.

Other health practitioners also have the provision to be paid at T1/2 from 5 hours until they can get a meal break and finally meal allowances (of varying amounts) do exist in health practitioners collective agreements.

The DHBs and NZRDA did look at the standardising the provision to that of other health practitioners (as described above) a few years ago. The DHBs decided not to proceed past review mainly due to the impact on patient care not having Resident Doctors available would have, but secondly due to the cost.

From the information you have received as a result of the OIA request, the same would apply today. We base that statement on some simple maths, as averaged as it is:

- As we currently apply the provision to Resident Doctors, RMOs are on average in the hospital between 7 and 8 meal periods a week. There are 3500 Resident Doctors employed in DHBs so the average cost of an RMO meal is \$7.14. This is less than the meal allowance provision in any other health practitioner's collective agreement.
- What if instead Resident Doctors were entitled to the same penalty provision as other health sector employees; namely T1/2 after 5 hours without a meal break? The lowest hourly rate of pay for a Resident Doctor is \$25.87; if paid at T1/2 that would equate to an additional \$12.94 an hour. Put another way, even if the Resident Doctor did not get a meal break within 6 hours, the cost to the DHB would be greater than the cost of a meal.

In Summary

Resident Doctors are provided with a meal as a result of the manner in which they work, remaining constantly available to their patients. The additional mental and physical demands placed on the doctors and through this patient care, support a system that ensures they get food and hydration. Money is no compensation for an unsafe workplace.

If you require any further clarification, please do not hesitate to contact me.

Kind regards

A handwritten signature in black ink, appearing to read 'C Walker', with a long horizontal stroke extending to the right.

Dr Curtis Walker
National President - NZRDA