All District Health Boards

2 May 2019

Why things must change

The current dispute between District Health Boards and some of their Resident Medical Officers (RMOs) has left many people asking how we got to this point.

This is not a dispute about money, nor working longer hours. It's about who has the final say over the way work and training is arranged for junior doctors – the DHBs or the union.

It is also a dispute that appears to lack majority support of RMOs with up to 60% working during the strike. Figures show the strike has most support amongst RMOs just out of university. However, 72 per cent of registrars – senior RMOs training to become specialists – have been working since day one which shows many share our desire to find a settlement.

Despite the disruption to services – especially in smaller centres – hospitals in the main centres have been operating at about 75 per cent of normal capacity, even though Emergency Departments around the country are busier than normal.

DHBs employ just over 4000 RMOs – with an estimated 2500 belonging to the NZ Resident Doctors' Association. When the NZRDA talks about striking to keep existing conditions, it's important to understand what that means.

During the last pay talks, DHBs agreed to trial a new roster system which has addressed some issues about work hours but created other impacts on continuity of patient care and the training of RMOs – concerns shared by Senior Doctors, medical colleges, independent research and RMOs themselves.

The one size fits all approach to rostering is not appropriate when comparing one service to another, or one DHB to another – the requirements of orthopaedics at Auckland Hospital are quite different to those at a smaller hospital like Nelson. It also fails to recognise the different training needs of an RMO just out of university and one who's about to qualify as a specialist.

Calling for the status quo to keep the one size fits all rostering model sounds simple, but it overlooks these and other significant issues.

A group of registrars was so concerned about the inadequacy of the RDA's approach to rostering, they formed a new union – Specialty Trainees of New Zealand (SToNZ), which has almost 800 members.

DHBs have agreed a collective with SToNZ that allows senior doctors and RMOs to agree rosters and work arrangements to suit the needs of patient care and provide meaningful doctor training. It allows local variations within medical college guidelines about safe working hours.

DHBs have asked the NZRDA to give up its veto of rosters and training arrangements proposed at a DHB level. This remains the key sticking point in the dispute despite several alternatives being offered.

DHBs are responsible and accountable for patient care – how best to provide that care is a decision that must sit with clinicians and local teams, and ultimately the Chief Executive.

As employers, workforce planning and rosters are the DHBs' role not the union's. No other union in a health sector of 70,000 workers controls their work arrangements to the same extent as the NZRDA.

While the NZRDA says it's concerned about the strike impact on patient services, it refused to lift the action, despite facilitation with the Employment Relations Authority next week.

Strike action has been entirely unproductive in helping resolve the important issues and has only impacted on the care DHBs provide their communities.

DHBs believe facilitation next week is the opportunity to resolve this long-running dispute.

Dr Peter Bramley is the Chief Executive of the Nelson Marlborough DHB and spokesperson for the country's 20 DHBs in the negotiations with the NZRDA and SToNZ.