

7 March 2016

No. 2016-1

Dear Member

This is the first issue for 2016 of our electronic publication, *Executive Direct*, to report to members on National Executive news. It is sent to members after each Executive meeting. This *Direct* reports on the Executive meeting held on 4 February and will also be available on the ASMS website: www.asms.nz. The next regular Executive meeting is scheduled for 14 April.

The meeting was preceded the previous day by an informal strategic planning day of which the main focus was the MECA negotiations. There were also constructive sessions with the Chair and Chief Executive of the Medical Council and the Hon Annette King, Deputy Leader and health spokesperson for the Labour Party.

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1. NATIONAL DHB MECA NEGOTIATIONS

Preparation for the forthcoming national DHB MECA negotiations continues to be the major agenda item for National Executive meetings. Much of the time was spent working through (with some revising) a reasonably comprehensive draft claim whose scope included salaries, after-hours call and shifts, CME, superannuation, and minimum safety standards for services. We are also exploring a possible clause on burn-out.

This will be further discussed at a planning day for our full negotiating team (comprising more than 20 members) on 8 April, before final resolution by the National Executive on 14 April. The March issue of *The Specialist* will provide a fuller outline of our overall approach in the context of achieving patient centred care.

2. PROGRESSING ASMS RELATIONSHIP WITH MEDICAL STUDENTS ASSOCIATION

The National Executive discussed further the benefits of strengthening the relationship between the Medical Students Association (the representative body of those commencing their medical careers) and ASMS (a major representative body of specialists and other senior doctors and dentists).

This includes the joint conference on 1 April in Wellington on the specialist workforce for 2025. Members have already received information about attending this important event. If you are interested please contact Kathy Eaden at ke@asms.org.nz.

The Executive agreed to provide a financial contribution of \$5,000 to the costs of Medical Students Association delegates attending the joint conference and also pay for catering and audio-visual requirements.

Other decisions made were:

- Become a Bronze sponsor (\$9,000 plus GST) for the Medical Students Association EVOLVE Conference on 23-25 April in Dunedin. This is their Annual Conference. ASMS will also be giving a presentation at this event.
- Financially supporting a small number of Medical Students Association observers at the ASMS Annual Conference in November.

3. CME POINTS FOR ASMS ANNUAL CONFERENCE

Last November Annual Conference resolved to ask the National Executive to investigate the applicability of getting the Conference recognised by the Colleges for CME points. This was subsequently discussed in January with representatives of the Council of Medical Colleges. Some of the Conference sessions may be appropriate for CME expenses (for example, the presenteeism survey and the Coroners Court at last year's Conference) while some sessions, such as preparing for the DHB MECA negotiations and the Minister of Health's address, would not. It became clear that approaching individual Colleges for advance recognition would present logistical problems for ASMS largely because of the need to determine the Conference programme relatively close to the event itself.

Consequently the National Executive agreed that it was not appropriate to promote Annual Conference for CME points, although some Colleges might accept individual delegates making a case for CME points after the event and without prior recognition.

4. ASMS SUBMISSION ON DRAFT UPDATED NZ HEALTH STRATEGY

The National Executive considered ASMS' submission on the draft updated New Zealand Health Strategy in which there were several serious concerns that are discussed more fully in the March issue of *The Specialist*.

The main points covered in the Association's submission include:

- Much of the substance of the draft updated health strategy lies in a number of other documents, including the Productivity Commission report, the Capability and Capacity Review and the Health Funding Review. They cover a broad range of sometimes complex

and controversial issues but the time for consultation was minimal (little more than a month).

- ASMS supports the proposal to retain the seven principles of the original New Zealand Health Strategy along with the proposed additional *principle* of collaborating across sector to improve New Zealanders' wellbeing.
- The aim of the draft strategy is not well defined due to its use of highly selective information. It fails to acknowledge the efficiency and quality of our health system relative to comparable countries, it fails to acknowledge the extent of New Zealand's current health need compared to other like countries, and it fails to acknowledge significant health inequality that is due to poverty.
- The challenges relating to future health spending are overstated to the point of being alarmist and are being used as the rationale for introducing 'significant change' to the current health system model.
- Developing strong clinical leadership is ignored.
- The draft strategy acknowledges challenges such as the aging workforce, but no responses or potential responses are suggested.
- The draft strategy acknowledges New Zealand's medical workforce is highly dependent on overseas recruits but fails to recognise the importance and urgency in addressing specialist shortages in DHBs.
- There should be a focus on patient centred care.
- New Zealand's demographic trends point to a continuing rise in the number of people dying each year. However, our services are not taking the opportunity to help people plan to die well which is also of critical importance and needs to be included as part of a patient centred care approach.
- The strategy should recognise, at the other end of the lifespan, greater investment in 'starting well' again as part of a commitment to 'patient centred care'.
- 'Start well, live well and end well (or go well)' would be a better title for the strategy reflecting a better range of priorities.
- The draft strategy highlights the need for 'trust, cohesion and collaboration'. However, the proposed new approach recommended in the Director-General of Health's commissioned Review of Funding contradicts this. If implemented, this approach would open up DHB services to competitive tendering, short-term funding, short-term planning, fragmentation of services and clinical teams, barriers to integration of clinical services, disruption to continuity of care, uncertainty for DHB employees and patients alike, lack of transparency due to commercial sensitivities (especially where private providers are involved), and increases in user charges for some.

5. MINISTER OF HEALTH'S LETTER OF EXPECTATIONS TO DHBS, 2016/17

The National Executive considered the 2016/2017 'Letter of Expectations' from the Minister of Health Jonathan Coleman to the DHBs. His priorities are:

- 'living within our means'
- working across government with a particular emphasis on vulnerable families
- national health targets
- obesity
- 'shifting and integrating' services
- health IT programme, 2015-20.

The National Executive was concerned that for the first time for many years there was no reference to the importance of clinical leadership in DHBs. The fact that the Minister appears unconcerned about the state of clinical leadership and apparently considers it business as normal led the Executive to resolve to write to him about this.

6. COLLECTIVE BARGAINING WITH NON-DHB EMPLOYERS

The National Executive was updated on negotiations involving our 16 collective agreements outside DHBs, most of which are settled, covering more than 200 members. The most significant development was the settlement of the Family Planning Association collective agreement after only two days of negotiations with a number of useful improvements.

Negotiations are either ongoing or about to commence with Waitakere and Otara Union Health, Ngati Porou Hauora, ACC and Ashburn House. The environment is very difficult for all these negotiations.

7. ASMS WEBSITE

During the three months from 1 November 2015 there were over 6,300 unique visits to the ASMS website. 87% of these visitors were new users. Our homepage drew nearly 6,000 visitors during this period which is similar to the previous quarter.

The traffic breakdown for our website visits is: 90% of visitors come from either an organic search (eg, googling ASMS) or direct traffic (ie, typing asms.nz into the browser). 10% of traffic occurs through referrals from other websites, such as Facebook, Twitter or any other places where ASMS has an online presence. We generally see a lull in traffic over the summer quarter but we are pleased to report higher traffic levels than expected over the current period.

Of interest is that 27% of all visits during this quarter were performed on a mobile device or tablet. This number is continually rising, up 5% from last year. It highlights the importance of ASMS providing a website that is compatible with all devices.

While the main website generally performed well, over 10,500 visits were logged on ASMS' job site in the same period which is a large increase in traffic. In November the total number of visitors to the job site was more than five times that of the previous year. Twenty new jobs were listed over November and it is likely that this, combined with general growth of the website, contributed to the increase in traffic. Additionally, this period has seen 10 extra jobs listed compared with the previous period.

8. OTHER MATTERS

Other matters discussed included:

- The Executive Director reported on his participation in Health Workforce New Zealand’s Medical Workforce Governance Group teleconference in December. This included debate over whether there was an undersupply of specialist positions in DHBs or a potential oversupply of specialists in DHBs, targeting post-graduate medical education investment, the Minister of Health’s decision not to further increase the medical school intake for two years, reported ill-informed critical statements from DHB RMO units about the quality of medical graduates (they were the wrong people to make this assessment), and pleasing progress with the community based attachments.
- The National Executive considered an interesting request from a member to explore the development of a national mentoring system. This led to a good discussion leading to agreement that this was a worthy proposal but the Association did not have the capacity to organise such a system. However, noting that some Colleges have initiatives in this area, it was agreed to ask the Council of Medical Colleges to consider the proposal.
- On 1 February Executive Director Ian Powell and Deputy Executive Director Angela Belich met Dr Derek Sherwood (Chair) and Sue Ineson (Executive Director) of the Council of Medical Colleges. Much of the discussion focused on the initiative from Health Workforce NZ to revise the model for allocation of funding to support medical vocational training. Other subjects included the forthcoming CMC publication *Best Practice Guide for Continuous Practice Development*, the CMC’s interesting Choosing Wisely project, and CME points for ASMS Annual Conference sessions (discussed above).

9. ASMS BRANCH REPRESENTATIVES: NEXT EXECUTIVE MEETING

Members are invited to forward any issues they may wish to be raised with the National Executive at its next meeting on *14 April* to your local Branch President or Vice President (this includes non-DHB employed members who work in the geographic area of these regions). It is possible branch officers might conclude that some of these matters might more appropriately be addressed by the national office.

Below is the list of branch officers:

BRANCH	PRESIDENT	VICE PRESIDENT
Northland	Ian Page Ian.Page@btinternet.com	Lisa Dawson drawsoncrew8@gmail.com
Waitemata	Jonathan Casement jonathan.casement@waitematadhb.govt.nz	Ywain Lawrey lizardlawrey@hotmail.com
Auckland	Brigid Connor brigid@connor.net.nz	Julian Vyas julianv@adhb.govt.nz
Counties Manukau	Helen Frith helen.frith@middlemore.co.nz	Sylvia Boys sylvia.boys@middlemore.co.nz
Waikato	Annette van Zeist-Jongman vanzeisa@waikatodhb.govt.nz	Annie Abraham annie.abraham@waikatodhb.health.nz

Lakes	Vacant	Andrew Klava andrew.klava@xtra.co.nz
Tauranga	Matthias Seidel dr.seidel@gmx.com	Rod Gouldson rod.gouldson@bopdhb.govt.nz
Whakatane	Richard Forster richard.forster@bopdhb.govt.nz	Guy Rosset guy.rosset@bopdhb.govt.nz
Taranaki	Campbell White campbell.white@tdhb.org.nz	Allan Binnie allan.binnie@tdhb.org.nz
Tairāwhiti	Angela Freschini angela.freschini@tdh.org.nz	Mary Stonehouse marystonehouse@hotmail.com
Hawke's Bay	Kai Haidekker kai.haidekker@hawkesbaydhb.govt.nz	Jenny Corban jenny.corban@hawkesbaydhb.govt.nz
Whanganui	Chris Cresswell chicres@gmail.com	Mark Van de Vyver docmark@ihuq.co.nz
Palmerston North	Andy Spiers andrew.spiers@midcentraldhb.govt.nz	John Bourke john.bourke@midcentraldhb.govt.nz
Wairarapa	Norman Gray normangray321@hotmail.com	Naser Abdul-Ghaffar naser@naserhome.com
Hutt Valley	Neil Stephen neil.stephen@huttvalleydhb.org.nz	Jeff Suen jeffsuen@me.com
Wellington	Justin Barry-Walsh justin.barry-walsh@ccdhb.org.nz	Sinead Donnelly sinead.donnelly@ccdhb.org.nz
Nelson	Clive Garlick clive.garlick@nmhs.govt.nz	Andrew Munro andrewmu@xtra.co.nz
Marlborough	Prieur du Plessis prieur@xtra.co.nz	Jeremy Stevens jdstevens@xtra.co.nz
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Canterbury	Anja Werno anja.werno@cdhb.govt.nz	Geoffrey Shaw geoff.shaw@cdhb.govt.nz
South Canterbury	Matthew Hills mhills@timhosp.co.nz	Peter Doran PDoran@scdhb.health.nz
Otago	Chris Wisely ngatilife@hotmail.com	John Chambers johnchambers@southerndhb.govt.nz
Southland	Tim Mackay tim.mackay@sdhb.govt.nz	Roger Wandless r.wandless@clear.net.nz

10. NATIONAL EXECUTIVE: REGIONAL REPRESENTATIVES

In addition to National President, Hein Stander (Gisborne) and Vice President, Julian Fuller (Waitemata), the Executive comprises eight regional representatives. They are:

Region 1 (Northland, Waitemata, Auckland, Counties Manukau)

Carolyn Fowler (Counties Manukau)

carolyn@netinsites.com

Jeannette McFarlane (Auckland)

jeannettem@adhb.govt.nz

Region 2 (Waikato, Bay of Plenty, Lakes, Taranaki)

Paul Wilson (Bay of Plenty)

pawlionly@gmail.com

Jeff Hoskins (Waikato)

jeff.hoskins@gmail.com

Region 3 (Tairāwhiti, Hawke's Bay, Whanganui, MidCentral, Wairarapa, Hutt Valley, Capital & Coast)

Tim Frendin (Hawke's Bay)

tim.frendin@hawkesbaydhb.govt.nz

Jeff Brown (Palmerston North)

Jeff.Brown@midcentraldhb.govt.nz

Region 4 (South Island)

Seton Henderson (Canterbury)

seton.henderson@cdhb.govt.nz

Murray Barclay (Canterbury)

murray.barclay@cdhb.health.nz

Members are welcome to raise issues and comments with their regional representatives above by clicking on the relevant email address. This includes non-DHB employed members who work in the geographic area of these regions.

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Kind regards

Ian Powell
EXECUTIVE DIRECTOR

