

MEMORANDUM OF UNDERSTANDING BETWEEN THE ASSOCIATION OF SALARIED MEDICAL SPECIALISTS AND RESIDENT DOCTORS' ASSOCIATION 8 February 2019

This Memorandum of Understanding (MoU) between the Association of Salaried Medical Specialists (ASMS) and Resident Doctors' Association (RDA) outlines an agreed process to resolve unintended consequences arising from the implementation of Schedule 10 of the multi-employer collective agreement covering resident medical and dental officers represented by the RDA and employed by the 20 district health boards (which expired on 28 February 2018).

The ASMS and RDA note that ASMS invited the 20 DHBs to be a party to the development of this MoU but they declined, expressing a preference to resolve their concerns through their collective bargaining strategy. This is regrettable but both unions hope that this agreement will, notwithstanding, assist those close to an affected service (including DHB management and chief medical officers) to address any unintended consequences as soon as possible.

This MoU aims to apply the same approach as is contained in Schedule 10 of the RMO MECA (expired 28 February 2018) of consensus-based co-design to any unintended consequences of the Schedule. The focus is relational rather than contractual, recognising the strong foundation of integrity and professionalism in the relationship between those who are training and those who train and supervise them.

Context

ASMS and RDA acknowledge that training through an apprenticeship model based on service provision has served New Zealand's health system well by producing a highly trained medical workforce. Nevertheless, fully aligning training and service provision can be challenging. The challenge increases when, in response to RMO fatigue concerns, achieving safer working hours requires more RMOs which may impact on continuity of training, clinical handover and continuity of patient centred care normally provided by registrars. This challenge and these consequences have existed for many years before Schedule 10 came into force but exacerbated by it.

However, ASMS and RDA agree that the approach to addressing these unintended consequences is not to make RMO hours of work less safe or removing (or reducing) agreed protections.

ASMS and RDA also recognise the importance of a whole of medical team approach to the 24/7 delivery of patient centred care.

We both recognise the unacceptable, unsafe and precarious state of the SMO workforce, which is characterised by significant shortages, increased workloads, lack of work-life balance, high burnout, presenteeism (including working while infectious), and a retention crisis. Government and DHBs are responsible for addressing the parlous state of this workforce.

Addressing Unintended Consequences

The main principle of this MOU is to ensure any unintended consequence is resolved swiftly and as close as possible to the affected service. This might involve an agreed trial of alternative implementation arrangements.

If this endeavour can't resolve the unintended consequences, then RMOs and SMOs will refer the matter to the RDA and ASMS national offices respectively. If the unintended consequences remain unresolved, despite this referral, then RDA and ASMS will seek mediation assistance with regard to any of the following:

1. The impact on the quality and safety of patient services.
2. The impact of the proposed change on RMOs' work-life balance opportunities, including the extent of out-of-hours requirements.
3. The impact on RMO training opportunities, including the quality and continuity of training.
4. The impact on SMOs, including workloads, stress, quality and continuity of training, and the provision of patient centred care.

ASMS and RDA will agree where to obtain mediation assistance from, including:

- The Mediation Service (Ministry of Business Innovation and Employment).
- An applicable royal college or professional association.
- Other agreed medical or dental practitioners with appropriate expertise.



Dr Murray Barclay

President ASMS



Dr Courtney Brown

President NZRDA

Witnessed by:



Mr Andrew Connolly

Chair, Medical Council of NZ

(10/2/2019)