

ASMS ANNUAL REPORT 2019



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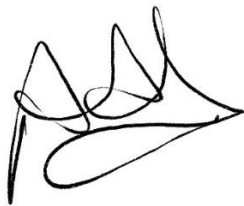
FOREWORD

The Association has had another successful year and is ready to face 2020 and the MECA negotiations in good heart.

Highlights of the past year include:

- Appointment of a new Executive Director, Sarah Dalton.
- Marking 30 years of ASMS with special conference in Wellington in June.
- Parliamentary launch of ASMS research by Associate Health Minister Julie Anne Genter.
- Advocating for the public health service as pressures mount in hospitals.
- Tackling issues of burnout, workforce shortages and funding shortages.
- Working closely with DHBs to articulate our members' concerns and issues.
- Strong and growing Association membership.
- Strategic focus on non-DHB membership.
- Preparing to celebrate the contribution of Ian Powell, our long-serving Executive Director.
- Expanding the industrial and communications teams by establishing an additional position each and providing suitable office space.

I am pleased to present this report to members.



Dr Paul Wilson

ASMS National Secretary

NATIONAL EXECUTIVE AND BRANCH OFFICERS

The Association has a democratic structure with branches aligning with DHB boundaries (or within them in three DHBs). Branch officers (President and Vice President) advise on issues of local concern and support branch members as needed.

The top decision and policy-making body is the Association's Annual Conference (or members through a national secret ballot).

Your National Executive appoints the Executive Director and provides strategic direction for the Association and national office in Wellington. The Executive Director manages the operational affairs – including staffing, membership support and work programmes - of the national office and reports regularly to the Executive.

Executive Director appointment

After a rigorous appointment process, handled by an external recruitment firm, Sarah Dalton was appointed Executive Director, effective 1 January 2020. Sarah Dalton is an ASMS Industrial Officer for Northland, Auckland, and Waitemata DHBs. Before joining ASMS in 2015, Sarah worked at the PPTA for seven years, initially on professional matters and subsequently on employment relations matters for principals and teachers. She has held several teaching roles, including that of Assistant Principal at Aotea College and Head of Department for English at Upper Hutt College.



This was the most crucial issue faced by the Executive since its election in 2018, and members put much time and effort into the process. The robustness of the recruitment process along with the high calibre of the candidates give the Executive confidence in its decision.

Resignation of Hein Stander

In January, Immediate Past President Hein Stander announced he was standing down from the Executive with immediate effect due to constraints on his availability for meetings. The Executive accepted his resignation with regret. Dr Stander was first elected as a Region 2 representative in a by-election in 2010. He served two terms as National President until 31 March 2018 when he did not stand for re-election. The Executive is very appreciative of Dr Stander's significant contribution to the leadership of the Association.

Immediate Past President is a new position on the Executive which is limited to one term. In the event of a vacancy, it stays vacant until the National President is succeeded by a new President.

Resignation of Tim Frendin

National Executive team member Tim Frendin resigned, effective 30 June 2019. Dr Frendin had served on the Executive from 1 April 2009 as a regional representative. An election was duly held for Region 3 (members employed within the boundaries of Tairāwhiti, Hawke's Bay, Whanganui, MidCentral, Wairarapa, Hutt Valley and Capital & Coast district health boards). Dr Nathalie de Vries (paediatrician, MidCentral DHB) was elected in a contested election and attended her first meeting in September.

The National Executive comprises:



Murray Barclay
President
(Canterbury)



Julian Fuller
Vice President
(Waitemata)



Paul Wilson
National Secretary
(Bay of Plenty)
Region 2



Andrew Ewens
(Waitemata)
Region 1



Julian Vyas
(Auckland)
Region 1



Annette van Zeist-
Jongman
(Waikato)
Region 2



Angela Freschini
(Tairāwhiti)
Region 3



Nathalie de Vries
(MidCentral)
Region 3



Katie Ben
(Nelson Marlborough)
Region 4



Seton Henderson
(Canterbury)
Region 4

Aside from the appointment of a new Executive Director, the most significant area of work for the Executive has been preparing for the 2020 MECA negotiations. The current MECA expires on 31 March 2020.

The Executive approved a number of Branch Presidents to be invited to join the ASMS negotiating team for the MECA and the proposed bargaining process agreement which we are required by law to have agreed in advance of formal negotiations with the DHBs.

Preparation for the MECA comes amid a challenging environment. Members are increasingly frustrated about working conditions in overstretched hospitals. DHBs are still being pressured to reduce their financial deficits, despite the deleterious effects on staff well-being and patients. Funding has not been sufficiently increased to satisfy increases in population and demand or make up for the eight years of underfunding under the former National-led government. This is despite the Government's anticipated \$7.5 billion surplus.

ASMS has challenged the Government over funding levels and the growing and unsustainable pressures on our members. Our policy and research team have continued to work with the Council of Trade Unions to analyse health budgets and quantify the extent of underfunding.

The Health and Disability System Review has reported back its interim report, with recommendations to come in its final report next March. The interim report drew upon a number of Association publications relevant to the senior medical and dental workforce in DHBs. The final report is likely to signal a shake up in the health sector, but its scale and form are unknown.

ASMS Strategy

The ASMS Strategic Direction and Priorities 2018-2021 was reviewed this year and was used to generate budget assumptions for the 2020-21 financial year.

In September, the National Executive authorised the National Office to develop a draft strategy for the Association to engage with Māori.

Process to change branch names

The National Executive agreed on a process to change Association Branch names when the need arises. Any such change is to be deliberated on by the National Executive after consulting with membership, including, if necessary, an indicative ballot.

Institute of Directors Training Days

Most members of the Executive, along with the Executive Director and Deputy Executive Director, attended Institute of Directors governance sessions on either or both of 21 September last year and 29 January. There was good feedback from attendees about the usefulness of the training. The knowledge gained will help improve the performance of the Executive. The focus was on basic processes required for good governance and the principles of best practice corporate governance.

Associate Membership: Delegation of National Executive Authority

In late 2018 the National Executive approved a motion delegating authority to approve applications for associate membership to the Executive Director.

National Executive Code of Conduct

Earlier this year the National Executive adopted a National Executive Code of Conduct to codify elements of governance which have been hitherto implicit in the Executive's activities.

Joint Review of After-Hours Remuneration of SMOs

The last MECA settlement covering DHB employed members included setting up a joint ASMS-DHBs review of the after-hours remuneration of senior medical and dental officers. However, despite the Association's best endeavours, DHB tardiness at a national level led to this review not proceeding other than DHBs agreeing to provide information on existing arrangements.

National President's Draft Paper on Clinical Directors

The National President is developing a paper about the role of clinical directors in DHBs with assistance from the industrial team.

Integrated Video Conferencing Solution

At its May meeting, the National Executive approved unbudgeted costs of \$30,000 for the purchase and installation of a fully integrated video conferencing facility for the National Office.

Website Breach

The ASMS website was hacked in August 2018. The website was taken offline for a short time while the hack was investigated. The company which provides our website, Prefer, identified that unauthorised entry to the website had been gained via an old user account. To avoid a re-occurrence, access to the back-end of the website has been tightened.

Your branch officers

The branch officers' national workshop was held on 28 June in Wellington. The agenda included Professor Martin McKee (keynote speaker at the special anniversary conference held the previous day), who spoke about anti-vaxxers and the alt-right; a MECA planning session, and a workshop on the Standard for Sustainable Work.



Susie Farrelly

ASMS was saddened to learn of Auckland Branch Vice President Susie Farrelly's unexpected death, from cancer, on 1 November 2019. She was a medical officer at Cornwall House Community Mental Health Service (Auckland DHB) with a special interest in trauma and dissociation. She worked at Cornwall House for 26 years where she was a trusted and valued colleague. Her strong personality and joyful, inclusive approach meant that she was an anchor for clinical staff across the service. ASMS was fortunate to have her as branch Vice President over the past term. As in other aspects of her life, Dr Farrelly brought an intelligent enthusiasm and curiosity to her work – in particular the nascent ADHB well-being steering group, representing members' interests and concerns in JCC meetings, and in regular discussions with the Chief Medical Officer. It was our great pleasure and privilege to work with her – she will be hugely missed. Haere ra, e hoa.



The Association's branch officers are:

| BRANCH | PRESIDENT | VICE PRESIDENT |
|------------------|--------------------|----------------------------|
| Northland | Jenny Henry | Ian Page |
| Waitemata | Jonathan Casement | Keat Lee |
| Auckland | Helen Pilmore | Susan Farrelly (2018-2019) |
| Counties Manukau | Sylvia Boys | Russell Smart |
| Waikato | Dara de las Heras | Alison Stearn |
| Rotorua | Andrew Robinson | Philip Gartland |
| Tauranga | Rod Gouldson | William McAuley |
| Whakatane | Richard Forster | Kathy Sutton |
| Taranaki | Allister Williams | Vacant |
| Tairāwhiti | Mary Stonehouse | William Weiderman |
| Hawke's Bay | Kai Haidekker | Gavin King |
| Whanganui | Bernd Kraus | Mark van de Vyver |
| Palmerston North | Andrew Spiers | John Bourke |
| Wairarapa | Norman Gray | Guinevere Hooper |
| Hutt Valley | Neil Stephen | Tanya Wilton |
| Wellington | Justin Barry-Walsh | Alain Marcuse |
| Nelson | Katie Ben | Gareth Harris |
| Marlborough | Jeremy Stevens | David Richards |
| West Coast | Stuart Mologne | Graham Roper |
| Canterbury | Geoff Shaw | Siobhan Cross |
| South Canterbury | Matthew Hills | Peter Doran |
| Otago | Chris Wisely | John Chambers |
| Southland | Roger Wandless | Leonard Chia |

Staffing and organisational matters

The national office is led by Executive Director Ian Powell and comprises 19 staff providing industrial, communications, policy and research and support services. We engage additional support to assist with financial accounting, financial reporting, payroll, and IT.

An additional industrial officer has been added to the industrial team, bringing the number of industrial officers to eight. Miriam Long, previously a lawyer at the Ministry of Business, Innovation and Employment, started in August. She is working in the six DHB northern team with Sarah Dalton and Steve Hurring. A recruitment process is under way to replace Sarah Dalton, the incoming Executive Director.

Industrial Officer Dianne Vogel left ASMS in September after accepting a role with the New Zealand police as a senior solicitor. She was replaced by George Collins, previously a lead organiser at the E tū union.

Director of Communications Cushla Managh left ASMS after accepting the role of Strategic Communications and Engagement Manager at Community Housing Aotearoa. She was our first communications director and made a significant contribution to the Association's effectiveness through her support to the Executive Director in media work, the quality of our publications, including developing *The Specialist* into a professional magazine, and in social media.

The two members of the ASMS research and policy team effectively switched roles as part of a succession plan. Dr Charlotte Chambers is now Director of the team, while Lyndon Keene is now Senior Policy and Research Advisor. The National Executive has approved the establishment of an additional full-time analyst for the policy and research team, starting April 2020.

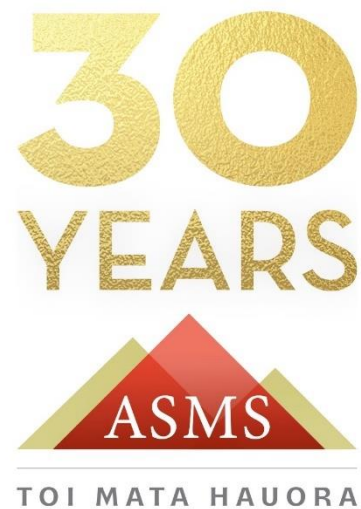
The support services team also has a new staff member – Vanessa Wratt, who replaced Maria Cordalis as Senior Support Officer.

National Office Accommodation

The national office has seen substantial growth in the past 12 months, with the addition of two staff, an industrial officer and a senior communications advisor. We will continue to grow in the next financial year, adding a further industrial officer and a policy researcher. Our accommodation has met its capacity, and the Executive has approved the national office looking at the viability of leasing additional space in the same building on another floor.

The Association marks 30 years

The Association celebrated its 30th anniversary with a special conference in June. The conference was held at Te Papa in Wellington and about 150 people attended. Health Minister David Clark spoke and took questions from the floor. The Executive received positive feedback about the thought-provoking speakers and valuable panel discussions. The conference theme was: *Why a public health service is worth fighting for*. Professor Martin McKee from the London School of Hygiene and Tropical Medicine gave a wide-ranging address about health politics and policy. He also spoke at the National Branch Officers' workshop on 28 June and appeared on RNZ's *Nine to Noon* show that day for an interview about Brexit. Earlier in the week he addressed a large audience at the Ministry of Health. World Medical Association Secretary General Otmar Kloiber addressed the anniversary conference on medical migration patterns. Royal New Zealand College of General Practitioners President Samantha Murton spoke about primary care trends.



Constitutional amendments

The National Executive is recommending a constitutional amendment to Annual Conference that Clause 5.1(c) of the Constitution be amended by removing the words “employed in government departments”. This would enable the Association to offer salaried doctors and dentists employed by the Ministry of Health full membership. This would enable the Association to fully represent these new members including initiating collective bargaining for a collective agreement with the Ministry of Health. Earlier this year the National Executive under the existing Constitution allowed these salaried doctors and dentists to take up associate membership.

MEMBERSHIP

Once again, the Association's membership continued to grow, and we have had another record membership year (the 20th in succession).

Membership as of 31 March 2019 was 4,931, compared with 4,763 at 29 March 2018, representing an overall increase of 168 (3.5%). We had 1,440 members in our first year of existence (1989-90).

The following table shows annual membership increases over the past 20 years, since 1999-2000:

| Financial year | Total members | Increase | % Increase |
|----------------|---------------|----------|------------|
| 1999-2000 | 1,856 | 105 | 6.0% |
| 2000-01 | 1,974 | 118 | 6.4% |
| 2001-02 | 2,072 | 98 | 5% |
| 2002-03 | 2,218 | 146 | 7.0% |
| 2003-04 | 2,335 | 117 | 5.0% |
| 2004-05 | 2,574 | 239 | 10.0% |
| 2005-06 | 2,738 | 164 | 6.4% |
| 2006-07 | 2,833 | 95 | 3.5% |
| 2007-08 | 2,995 | 162 | 5.7% |
| 2008-09 | 3,481 | 486 | 16.0% |
| 2009-10 | 3,496 | 15 | 0.4% |
| 2010-11 | 3,572 | 76 | 2.2% |
| 2011-12 | 3,878 | 306 | 8.6% |
| 2012-13 | 3,901 | 23 | 0.6% |
| 2013-14 | 4,167 | 266 | 6.8% |
| 2014-15 | 4,271 | 104 | 2.5% |
| 2015-16 | 4,351 | 80 | 1.9% |
| 2016-17 | 4,416 | 65 | 1.5% |
| 2017-18 | 4,763 | 347 | 7.9% |
| 2018-19 | 4,931 | 168 | 3.5% |

The membership numbers above have been recorded showing the total membership count. This includes members who work at more than one employer and are counted in each of their employer totals. From the start of the 2018/19 financial year we have started to calculate the total individual members based on their predominant employer. Currently we have no historical data to make comparisons however, going forward we will. The total individual membership count for the 2019/19 year was 4,825.

Membership growth is generally offset by factors such as cessation of employment, retirement, moving overseas and in some cases non-renewals (members whose subscriptions lapses). The combination of actively recruiting new members and strong membership loyalty continues to be key to our effective representation in both collective and individual matters.

86% of our members pay their subscription fortnightly by automatic salary deduction (about 76% of new members employed during the past year opted to do so).

About 12% of Association medical members are also members of the NZMA. 17% of medical members who joined in the Association in 2019 were also members of the NZMA, compared with 21% in 2018, 13% in 2016 and 22% in 1996. Meanwhile, 30% of Association dental members are also currently members of the NZDA.

KEY EXTERNAL RELATIONSHIPS

The Association's relationships with a range of organisations and individuals provide opportunities to advocate for and represent members' concerns about important issues such as workforce shortages, health sector resourcing, patient safety and quality care, distributed clinical leadership, service design and policy settings.

We maintain relationships with a number of organisations able to influence the work of the Association and our members, including the Government and its ministries, District Health Boards (DHBs), the Council of Trade Unions (CTU) and health unions, health sector bodies such as the Medical Council, New Zealand Medical Association (NZMA), and medical colleges.

The Minister of Health

The National Executive greatly values opportunities to meet face-to-face with Health Minister David Clark and/or his Associate Ministers. Dr Clark attended a meeting of the Executive in February this year for an exchange of views about health and the Government's priorities.

Dr Clark attended the Association's 30th anniversary conference, in June. He acknowledged the contribution of ASMS and its members to the public health service, and that of departing Executive Director Ian Powell. Dr Clark took questions from the floor about specialist shortages, burnout, and funding.

The Association has a tradition of inviting the Minister of Health to address each year's Annual Conference; Dr Clark is not attending this year.

Director-General of Health

The Executive Director has regular informal meetings with the Director-General of Health Ashley Bloomfield to discuss matters of common interest and raise areas of concern. These are useful discussions and are typically wide-ranging. Topics in the past year included the safer staffing accord initiative, the RMO MECA dispute, medical workforce well-being, the Ministry of Health's new health workforce directorate, and changes to the capital charge for major capital works.

Medical and professional organisations

New Zealand Medical Students Association (MSA)

The Association's Annual Conference in 2017 endorsed a proposed ASMS-NZMSA mentoring project with a report on progress to be provided to the 2018 Annual Conference.

The matching process got under way this year, after some delay. A survey is under way in late 2019 to assess the programme.

Consistent with past years the Association is funding six representatives of MSA to observe our Annual Conference.

New Zealand Medical Association

In May, the National Executive declined New Zealand Medical Association's request to nominate a representative on the Specialist Council. Instead, it recommended the National President and Chair of the Specialist Council have regular informal meetings (both are Christchurch based).

ASMS made a submission to NZMA on its updated Code of Ethics. Our feedback on the document included our view that the section dealing with industrial action did not make it clear that industrial action is a legal right and may be motivated by the duty of doctors to be compassionate to their colleagues and themselves.

The Association maintains a constructive working relationship with NZMA. The Executive Director meets NZMA's Chief Executive informally on a regular basis.

Medical Council

Chair Andrew Connolly completed his five-year term in February 2019. The Association enjoyed a good working relationship with him and was impressed with his leadership. The new Chair, Dr Curtis Walker, is the first person of Māori descent to hold the role and his attendance at our Association's events in his capacity as a leader of the New Zealand Medical Students Association and subsequently have demonstrated the personal qualities that make him an outstanding matua. In February, the Association issued a press release welcoming Dr Walker's election. The statement also thanked Mr Connolly for his common sense approach to resolving issues. Both are Association members.

Hospital and Community Dental Association

The Executive Director addressed the annual Hospital and Community Dentistry Conference in July, as he has done in previous years.

Entitled 'Toughen Up David; the fires are burning and you are running out of time', the speech focused on deficits and funding, the RMO industrial dispute, and the precarious state of the specialist workforce in public hospitals. It is available on the Association's website at:

https://www.asms.org.nz/wp-content/uploads/2019/07/Toughen-up-David-Address-to-Hospital-and-Community-Dentistry-Conference-Napier-27-July-2019_172422.2.pdf

Medical Protection Society (MPS)

The Association enjoys a close relationship with MPS. ASMS industrial officers work with MPS representatives and lawyers on specific cases to the benefit of members. MPS continues to sponsor our Annual Conference dinner and provides a regular topical article for issues of *The Specialist*. Articles in the past year have included the following topics of interest to our members – the ‘theory of medicine’ defence providing room for differences of opinion, patient capacity to consent, and the issue of informed consent in research proposals.

MPS Chief Medical Officer Dr Robert Hendry will be addressing Annual Conference. The Executive Director also visited the MPS in London in June.

Medical Assurance Society

The Association also enjoys a very good relationship with the Medical Assurance Society, which generously sponsors *The Specialist* magazine and the pre-Conference function we hold each year. MAS also sponsored the Association’s 30th anniversary Conference and pre-Conference function. The Association’s Executive Director and other staff meet quarterly with MAS Chief Executive Martin Stokes to discuss matters of common interest. In the past year, these topics have included the ASMS safer staffing accord, the RDA-DHB bargaining dispute, and medical workforce issues.

Sector meetings

Council of Medical Colleges Meeting

The Association was invited to attend a meeting with the Council of Medical Colleges Executive on 6 March 2019. The meeting’s focus was the ASMS-RDA Memorandum of Understanding, which ASMS had asked the Council to witness. Other issues touched on at the meeting included: Schedule 10 of the RDA negotiated MECA, the colleges’ training models, the growing distance between SMOs and RMOs due to work pressures, and the disbanding of Health Workforce New Zealand.

National Joint Consultation Committee (NJCC) meetings

These are a national version of the local JCC meetings established by the DHB MECA and can be a useful forum to discuss matters arising at more than one DHB. The Association is normally represented by up to five Executive members, the Executive Director and Deputy Executive Director. Several meetings are held each year. Topics discussed in the past year include ASMS’ recovery time advice, ASMS’ safer staffing accord, the ASMS-RDA Memorandum of Understanding, and the stress on SMOs created by the collective RDA-DHB bargaining dispute.

Health Sector Relationship Agreement (HSRA) Steering Group meetings

The HSRA is a tripartite agreement between Government (through the Ministry of Health), DHBs and Council of Trade Unions-affiliated health unions that was reached in 2008. The Association, through the Executive Director, is on the Steering Group which usually meets four to five times a year for around half a day. The other health unions on the Steering Group are NZNO, PSA, MERAS and E-tū.

Topics included the impact of health sector pay equity claims and the DHB employment relations strategy 2019-24.

National Bipartite Action Group (NBAG) meetings

The National Bipartite Action Group (NBAG) is the national body of health unions and DHBs that meets face to face or by teleconference every two months. TAS (Technical Advisory Services) and the CTU provide organising and secretarial support. The Association is normally represented at these meetings by Senior Industrial Officer Lloyd Woods, and he was the NBAG Chairperson for the 2018–2019 year.

Union representatives attend from NZNO, NZRDA, APEX, E Tū, PSA, MERAS and ASMS. The unions generally have a good turnout. Unfortunately, for much of this year we have not had a full complement of management representatives with no Chief Operating Officer or Chief Medical Officer at all and latterly no Chief Executive. However, it is pleasing to note that we now have representatives for each and NBAG is back up to full complement. Face-to-face meetings have the most value with contentious issues often discussed.

We have continued our work on matters such as a joint approach to bullying and harassment, health and safety issues, payment of annual leave, requirements for health and safety committees, issues to do with wellbeing and good faith (or the lack of it) by DHBs in bargaining. New work includes work on a better approach to the provision of life preserving services (LPS) during strike action, work on a policy for domestic violence leave, a joint project across DHBs looking at the provision of good security services, investigations into how we might see DHBs become training employers for the trades etc, and other lesser activities.

NBAG is alive and well and we are proactively looking at issues that face the DHBs and unions across the sector. We are working more closely with the GMHR group and this bodes well for the development of national policy.

AMA-ASMOF Industrial Coordination Meetings

For many years the Executive Director has attended the twice yearly industrial coordination meetings of the Australian Medical Association (AMA) and the Australian Salaried Medical Officers Federation (ASMOF). It was not possible to attend the first meeting, in May (Canberra). The second meeting, in September (Melbourne), was attended by incoming Executive Director Sarah Dalton.

CTU Women's Conference

This year was the first year ASMS sent a delegate to the biennial CTU women's conference, held in Wellington on 12-13 July. Nathalie de Vries (MidCentral DHB) and Industrial Officer Sarah Dalton represented the Association. Keynote speakers included Minister for Women Julie Anne Genter, EEO Commissioner Saunoamaali'I Karanina Sumeo, lawyer Tania Te Whenua and Australian trade union leader Mich-Elle Myers. Conference business included a remit from the midwives' union MERAS, seconded by ASMS, to improve paid parental leave provisions in the health sector. This was passed unanimously.

Executive Director's travel

General Assemblies of Marburger Bund and German Medical Association

The Association has developed a close relationship with Marburger Bund, the German doctors' union. The Association, represented by the Executive Director, attended the General Assembly of Marburger Bund in Muenster on 25-26 May. The Executive Director then attended the first two days of the German Medical Association General Assembly, also in Muenster, on 28-29 May, which included observers from many European countries, the United States, the pan European association of medical associations and the World Medical Association. He also spent a week in London where he met health policy academics, Unison (the largest union in the NHS), Medical Protection Society, and a series of meetings organised by the British Medical Association.

RESPONDING TO HEALTH SECTOR DEVELOPMENTS AND INITIATIVES

This section of the Annual Report describes some of the areas of activity which have been a high priority for the Association in the past year. In some instances, external events and pressures have required a response while in other instances the Association has proactively engaged on issues which are likely to continue into 2020.

Government health review

The interim report of the Government's Health and Disability System Review (the Review), chaired by former Prime Minister Health Clark's Chief of Staff, Heather Simpson, was released in September 2019. The aim of the Review is to "identify opportunities to improve the performance, structure, and sustainability of the system with a goal of achieving equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples". Its terms of reference emphasise the roles of primary care and population health promotion and illness prevention. There is no mention of 'hospital', 'secondary' or 'tertiary'. This is either a failure of vision or disingenuity, and the failure to address adequacy of resources represents a missed opportunity.

The stated aims of this interim 300-page report to the Minister of Health are three-fold: "It reflects back the issues people and organisations have told us are hampering the achievement of better outcomes, checks whether the available evidence supports what we have heard, and signals our initial thoughts on where we believe the biggest gains can be made to improve the performance of the system".

The suggested directions for the way forward contain familiar themes: equity of access and outcomes, creating a collaborative culture and unifying values, integration of services, better data, better workforce planning, better accountability, better service responses, more prevention, etc. However, the detail of implementation and development has yet to come in the final report, due by the end of March 2020.

As a "reality check on where the system is at", the report provides a comprehensive overview of how the system operates, its strengths and weaknesses, and the pressures and challenges it faces. Its version of "reality" in some areas, however, is highly questionable, including some aspects of industrial relations, which appear to favour an employer perspective, and funding, which is seriously under-stated and which in turn will influence the reviewers' understanding of what may or may not be "sustainable".

There is also much attention to the idea of shifting "away from a treatment focus towards a prevention focus", as though the latter will simply replace the need for the former, despite the evidence showing the reality is far more complex. The focus on primary prevention as a panacea was tried by the previous Labour led government and found wanting as the increased primary care and screening revealed unmet need that the rest of the system had to meet without the necessary resources.

The Association is making a further submission to the Review on the importance of distributed clinical leadership (and how to achieve it), and other perspectives on industrial relations, funding, and the importance of hospitals in improving and maintaining the population's well-being.

Initiative for a safer staffing accord

The Association has developed a draft safer staffing accord consistent with that agreed between the Ministry of Health, DHBs and the NZ Nurses Organisation last year and midwives represented by the MERAS union this year. The safer staffing accord initiative is a proposed long-term collaborative effort addressing the severe shortage of specialists (now estimated to be 24%) and its flow-on effects such as specialist burnout. Although the proposed accord requires no additional funding or contractual changes, the Minister of Health, Ministry of Health and DHBs have refused to engage over how it might be developed. The National Executive is very disappointed with this short-sighted and irresponsible response.

NZMA Position Statement on Climate Change and Health

At its 2018 Annual Conference, the Association endorsed the position statement of the New Zealand Medical Association on Health and Climate Change. We acknowledge the proactive leadership of NZMA on this important issue.

Reform of the State Sector Act

The Government has completed its consultation on its proposal to put in place a new Public Service Act. The Association met officials at the State Services Commission to discuss how this Bill would affect DHBs. The brief rationale for the legislation is that the general public does not distinguish between public service departments and crown agents (such as DHBs) and regards employees of crown agents as public servants.

According to the officials, two aspects of the Act will apply to DHB governance Boards but not to the DHB corporate structure, which is the employer of our members. These are the principles (political neutrality, free and frank advice to Ministers, merit-based appointment, open government and stewardship) and values ('still to be determined') sections of the proposed Act. ASMS expects to prepare a submission on the Bill in due course.

Review of Incorporated Societies Act 1908

The Association is an incorporated society and registered under the Act. Cabinet has authorised a new Bill to be drafted following a review carried out by the Ministry of Business Innovation and Employment in 2016. As a result of the legislative change we expect the Association to make several minor changes to its Constitution. These pertain to dispute resolution, disposal of surplus assets and funds. There may also be an impact from a change pertaining to the timing of filing financial statements. We do not expect to have to make any constitutional amendments until our 2021 conference at the earliest. ASMS will continue to monitor the progress of the review and any Bill that emerges.

JCC MEETINGS AND SMO ENGAGEMENT WORKSHOPS

Joint Consultation Committees (JCC)

Three rounds of JCC meetings are held in every DHB each year. These are a valuable opportunity to discuss issues directly relevant to the work of SMOs at both a national and local level. Issues regularly arise that ASMS then follows up on behalf of members.

Each JCC is preceded by a meeting with members, and we encourage as many people as possible to attend both the pre-meeting and the JCC as it enhances the contributions in these meetings if we have good representation from a wide range of specialties. The pre-meeting also provides a rare opportunity for ASMS members at a DHB to meet as a union and discuss issues. Some of these go forward to be raised with management at the JCC but others do not.

A report of the main items of discussion and other issues goes to members after each DHB's JCC.

A wide range of national, regional and local issues are discussed at each meeting. In the past year, JCC agenda topics have included:

- Use of CME funds for carbon offsetting
- The results of ASMS' distributed clinical leadership survey
- Surge in acute demand experienced throughout the country
- ASMS Standard for Sustainable Work
- ASMS recovery time advice
- Concern over open plan office design in new hospital builds
- Application of the Domestic Violence Act in DHBs
- Recruitment and retention of SMOs
- ASMS staffing surveys and Research Briefs
- Cognitive Institute 'Speaking up for Safety' programme
- The Health and Disability System Review
- Capacity constraints and inadequate facilities
- Memorandum of Understanding between ASMS and RDA over the unintended consequences of Schedule 10 (RMO MECA)
- ASMS letter to DHBs about capacity to treat syphilis
- Overnight workplace accommodation for SMOs

SMO Engagement workshops

These joint ASMS-DHB workshops are a regular feature of the engagement calendar within a number of DHBs. They are often organised around a central theme and include presentations by ASMS, DHB managers, clinical leaders and specialists. As with JCC meetings, we encourage all members to attend as the topics are relevant to your work.

Joint SMO engagement workshops held over the past 12 months were:

- Waitemata DHB (21 May). Topics included SMO sabbatical reports and the ECIB build project (much dissatisfaction among SMOs about this).
- Counties Manukau (15 November). Topics included closing the gap between resources and community need and an update on facility expansion plans.
- Canterbury DHB (17 September) – well attended by SMOs. Topics included stress, burnout, workload and well-being. There were presentations about the risks to health posed by open plan offices and about the rural generalist model for the West Coast.
- Southern DHB (19 and 20 August, in Invercargill and Dunedin) – both were well attended by SMOs. The main feature was the very high level of frustration and anger towards the senior management leadership style evident among SMOs. Topics of discussion included patient care concerns due to lack of resources, the need for better links with primary care, SMO well-being, and poor engagement with SMOs.
- Waitemata DHB (9 November). Topics included the capital plan, fraud, and the DHB's long-term aims.

Carbon Off-setting

At the 2018 conference the following remit was carried:

That members be encouraged to contemplate the full cost of CME-related air travel, including atmospheric carbon release. To that end, members should consider carbon offsetting, and the Association support employer reimbursement of air-travel related carbon costs as part of legitimate CME travel expenses. The Association itself should move to routine carbon offsetting for work-related air travel for its employees, and its members.

The resolution was passed after the budget for the 2019/20 financial year had been set by the National Executive, so over budget expenditure had to be authorised. ASMS national office is offsetting against the NZ Native Forest Scheme. The cost totals \$937.24 for the 1 July to 30 September period. That equates to total emissions of 44,083 (kgs of CO₂e) which is then converted into carbon credits and multiplied by \$39.22 (cost of the scheme).

Each DHB management has been approached by the Association and asked to agree to approve carbon offsetting for CME travel as an actual and reasonable expense.

The table below sets out DHB responses (green for yes, orange for maybe and red for no).

| DHB | Date of JCC when issue was discussed | Summary | Outcome |
|----------------------|--------------------------------------|---|---|
| Northland DHB | JCC 24 September 2019 | DHB advised that the Policy would be signed off. | DHB have agreed to offsetting. |
| Auckland DHB | JCC 17 June 2019 | AK DHB saw carbon offsetting as highly desirable. | Auckland DHB will work with our Officials, on this issue but no decision currently. |
| Waitemata DHB | JCC 7 June 2019 | Management see it as part of the cost of the ticket, so not something they have a problem with. | DHB agreed to offset. |
| Counties Manukau DHB | JCC 30 May 2019 | Management advised they need to take advice and will come back to ASMS. | Taking advice. |
| Waikato DHB | JCC 13 June 2019 | DHB didn't have a policy on issue but believed the practice was happening. | Unclear – ASMS will clarify. |
| Bay of Plenty DHB | JCC 26 September 2019 | Most SMOs are "ticking the box" and DHB happy with the practice. | DHB agreed and happy to offset |
| Tairāwhiti DHB | JCC 3 July 2019 | Management agreed the practice was already in place. | DHB has agreed to offsetting. |
| Taranaki DHB | JCC 27 May 2019 | DHB agrees in principle but not ready to agree in practice. | DHB looking at this from an organisation-wide approach. Will need to follow up on discussion. |
| Hawkes Bay DHB | JCC 19 September 2019 | HBDHB will allow carbon offsetting using CME funds. | HBDHB have agreed to offset. |
| Lakes DHB | JCC 16 September 2019 | Wants to progress a sustainability group. | DHB will report back on the issue at first meeting of JCC in 2020. |
| MidCentral DHB | JCC 19 June 2019 | Will allow carbon offsetting. | DHB has agreed to offsetting. |
| Whanganui DHB | JCC 30 July 2019 | Wants to see what the other DHBs are doing before deciding. | Unclear on DHB's view – ASMS will need to follow up. |
| Wairarapa DHB | JCC 23 July 2019 | Management advised they need to do more on sustainability and would need to think about offsetting. | DHB will come back to ASMS. |
| Hutt Valley DHB | JCC 28 May 2019 | Management didn't have an issue with offsetting. | HVDHB happy to offset. |
| Capital & Coast DHB | JCC 31 May 2019 | No, however DHB looking at possible alternatives. | No, DHB rejected the claim to offset. |

| | | | |
|-------------------------------|------------------|--|---|
| Nelson Marlborough DHB | JCC 24 July 2019 | Keen on sustainability but haven't looked at offsetting yet. | Will discuss with ASMS after completing a sustainability audit. |
| West Coast DHB | JCC 24 May 2019 | DHB agreed that CME funds could be used to offset CME travel. | DHB agreed to offset. |
| Canterbury DHB | JCC 17 May 2019 | DHB agreed to use CME funds for this purpose | DHB agreed to offset. |
| South Canterbury DHB | JCC 29 May 2019 | Management advised that it didn't mind how SMOs use their CME funds. | DHB agreed to offset. |
| Southern DHB | JCC 5 July 2019 | Management didn't have a strong view but preferred to reduce the amount of travel were sceptical of the concept. | The DHB will come back to ASMS on this. |

INDUSTRIAL AND ORGANISING ACTIVITY

The industrial team is led by Deputy Executive Director Angela Belich. The team deals with issues and personal cases among the membership and is charged with implementing and enforcing the various industrial agreements ASMS has negotiated for its members from the biggest (the ASMS DHB MECA) to the small collective agreements in the non-DHB sector.

The team consists of senior industrial officers Henry Stubbs (medico legal issues and referred serious personal cases) and Lloyd Woods (Nelson Marlborough and West Coast DHB regions and overall non-DHB employer negotiating and organising strategy), along with industrial officers Steve Hurring (Counties Manukau, Waikato and Bay of Plenty DHB regions), Sarah Dalton (Auckland, Waitemata and Northland DHB regions), new Industrial Officer Miriam Long, who is assisting with the northern DHBs, George Collins (Canterbury, South Canterbury and Southern DHB regions), Ian Weir-Smith (MidCentral, Whanganui, Wairarapa, Hutt Valley and Capital & Coast DHB regions) and Phil Dyhrberg (Tairāwhiti, Taranaki, Hawke's Bay and Lakes DHBs).

2020 MECA

The industrial team have spent part of 2019 preparing for the MECA negotiations in 2020. Preliminary discussions will be held in November and December 2019.

The claim will centre on a well-being approach, backed by the strong work of the research and policy team. This has provided a powerful narrative to support our concerns over staff shortages, burnout, and the onerousness of shift work.

The lead negotiator will be Senior Industrial Officer Lloyd Woods with higher level oversight and leadership provided by incoming Executive Director Sarah Dalton. The bargaining team was approved by the National Executive at its September meeting.

The draft claim includes specific claims for shift work and sustainable work standards. The Association's shift work claim was developed with the assistance of the shift work group which was formed to consider relevant specific issues.

The Association commissioned a report from the economics firm BERL comparing Australian (staff specialist) and New Zealand specialist minimum base salaries. The purpose was to better inform our approach to these MECA negotiations. The report has recently been received. A presentation from BERL's Chief Economist will be made to Annual Conference. The Executive Director has been requested to advise the National Executive on how the findings of the report might form part of our bargaining strategy in respect of salary scales.

Initial higher level discussions about the bargaining process with DHB representatives commenced on 12 November.

Resident Medical Officers industrial dispute

The dispute between DHBs and RMOs represented by the Resident Doctors' Association was settled this year with both parties accepting the recommendations of the Employment Relations Authority following a legal process known as 'facilitation' (non-binding arbitration). The Association was critical of the DHBs' collective bargaining strategy which appeared designed to weaken the collective representation of RMOs and less about the concerns over Schedule 10 of the RMO MECA and the impact on continuity of training.

The dispute had its genesis in the bitter dispute between the DHBs and RDA in 2016-17 which included two national strikes and led to the inclusion of Schedule 10 to the MECA. Anticipating further conflict between the DHBs and RDA in the next round of their MECA negotiations, last September ASMS invited the parties to meet and explore, including a possible memorandum of understanding (MOU) between ASMS, representing those who train, RDA representing those who are training, and the DHBs as the employers of both on the unintended consequences of Schedule 10 with particular reference to the continuity of training. ASMS argued that these were complex and difficult matters better addressed in a non-adversarial environment. While the RDA accepted our request the DHBs declined, expressing a preference to resolve the concerns through collective bargaining. The DHBs also declined to participate in a similar initiative proposed by the Medical Council in February. Subsequently ASMS and RDA reached an agreement over an MOU which we hope the DHBs will consider becoming a party to.

In advance of the national strikes, ASMS reached an agreement with the DHBs over SMO cover arrangements. The result was a drawn out and acrimonious avoidable dispute which cost over \$30 million incurred by the strikes. The gains for the DHBs in this dispute are questionable, Schedule 10 remains, there is an apparent loss of many RMOs from DHB employment, protections and rights that the DHBs sought to remove or dilute have either remained or been reconfigured in a way satisfactory to the RDA (the union's scope of legal influence may have been enhanced), and the RDA is largely unscathed.

Surge in acute demand and Hospitals on the Edge

Reports from ASMS members indicate that acute demand is surging around the country, putting immense pressure on staff. The reasons are not entirely clear but are likely to reflect a tipping point reached because of rising population, poverty, the cost barrier in primary care, restricted access to elective services due to DHB cost-cutting and specialist shortages, and inadequate (often too small) hospital facilities. In the final round of JCCs this year, we have been asking DHBs about acute demand, seeking input and insights from senior DHB managers about this trend.

In June, 50 senior doctors at Hawke's Bay DHB wrote a letter to the DHB Board warning that chronic shortages of beds, staff, and delays in elective surgeries were putting patients at risk.

In September, the *Dominion Post* reported that Capital & Coast DHB was often using motels to house out-of-town surgical patients. ASMS put out a media release in response pointing to the inadequate size of many of New Zealand's hospitals.

In October, 80 senior doctors at Palmerston North Hospital wrote to the DHB Board to raise concern about delays in building new facilities which affected their ability to meet surgical and health needs. ASMS issued a media statement in support entitled: “Doctors’ patience wearing thin as hospitals at breaking point”.

In October, the Stuff website reported that Wairarapa DHB had declared a “code red” at its main hospital because of staff shortages for the second time that month.

The Association’s policy and research team are producing a special report, with assistance from the industrial and communications teams, called *Hospitals on the Edge*, to examine the impact and effect of these pressures on our DHBs. This is to be released ahead of the 2019 Annual Conference.

Job sizing

Job sizing, both service and individual, in DHBs is critical to the Association and to our members’ well-being and conditions of employment. Consequently, it is a big part of industrial officers’ work and is greatly valued by our members. Industrial officers have refined job sizing processes over time with the model we developed many years ago withstanding the test of time. It is now an essential and very effective tool used in determining the number medical and dental staff required to provide a service. The work of industrial officers in job sizing is contributing significantly to the growth of SMO positions in DHBs.

Not surprisingly, DHB enthusiasm for ASMS-led job sizing waxes and wanes as the cost and resource implications of a proper job size exercise becomes apparent. But the ASMS does not accept that SMOs should be expected to pay for this waxing and waning with their health.

Safe Shifts

The industrial team has been working on a draft checklist to identify the level of safety in the around 30 shift systems at DHBs in terms of enforcing clause 19.3 of the 2017- 2020 ASMS DHB MECA. Members are working with industrial staff to improve the safety of shifts.

Recovery time

Clause 13.6 of the 2017-2020 ASMS DHB MECA requires services that run after hours on call rosters to put in place provisions for recovery time. The Association’s *Advice* on recovery time (https://www.asms.org.nz/wp-content/uploads/2018/11/Recovery-Time-Document-for-SMOs_170736.9.pdf) has been used by the industrial team to help services meet this obligation. DHB Shared Services has agreed to send out a data request asking DHBs to specify progress. The MECA requires recovery time to be in place by 31 March 2020.

Standard for Sustainable Work

The Standard for Sustainable Work (https://www.asms.org.nz/wp-content/uploads/2019/04/Standard-for-Sustainable-Work-wellbeing_171281.2.pdf) had its origins in the measures we asked DHBs to take in response to our burnout research. It has expanded to include issues raised either through our research or by members since then. It was discussed in the first round of JCCs and at the Branch Officers' workshop and has formed the basis for a section of the MECA claim.

Superannuation subsidy

A request for information about uptake of the 6% employer subsidy at Waikato DHB has revealed that 26% of SMOs are not receiving the full subsidy. This number includes 12% of SMOs who are not receiving any employer subsidy because they are not in any approved scheme, and 11% who are just contributing/receiving 3% (3% is the default KiwiSaver contribution rate). This strongly suggests that the DHB is not doing enough to advise employees of their superannuation entitlements. The DHB has acknowledged this may be a problem. ASMS and the DHB will be discussing additional measures that need to be taken to increase superannuation uptake. The Industrial team will be conducting similar surveys in all DHBs.

General medicine and emergency medicine Northland DHB

Following a meeting and a letter to raise staff safety concerns (under the MECA and the Health and Safety at Work Act 2015) Northland DHB have responded with some staffing support. We have moved to a process of ongoing engagement to address a range of problems linked to unsafe staffing, an unsupportive senior management, and increasing acute workload. The newly appointed Chief Operating Officer has not approached things constructively, but following a difficult JCC meeting, we are hopeful the DHB's executive leadership team understand things better than previously.

Overnight workplace accommodation

The Association has been highlighting the issue of overnight accommodation for SMOs. Following a survey of clinical directors, Waikato DHB has confirmed it has insufficient accommodation. It has now committed to providing improved and dedicated accommodation for 10 SMOs.

We are getting close to exploring legal action at Waitemata DHB to enforce the MECA provision. The DHB has raised several possibilities as interim solutions, most of which have proved to be unsuitable.

Strike action by radiographers, laboratory workers, sonographers and psychologists

Public hospital radiographers, laboratory workers, sonographers and psychologists - all represented by the Apex union – have been on strike at various times. The DHBs accused Apex of co-ordinating the various strikes to maximise disruption. ASMS issued a media statement urging the DHBs to resolve the dispute.

Retirement gratuity case

ASMS won a case in the Employment Court earlier this year on behalf of a member whose retirement gratuity was declined by Bay of Plenty DHB. The DHB claimed their employee had not retired because he was maintaining his private practice. The Court ruled against the DHB; its judgement said in respect of retiring gratuities, retirement does not necessarily mean ceasing all other employment. The Association is involved in several cases on behalf of members at different DHBs where retiring gratuities have been declined on a similar basis. The National Executive acknowledges the significant work undertaken by Industrial Officer Steve Hurring in successfully achieving this landmark outcome.

Shift work case

The Employment Relations Authority ruled in favour of ASMS and one of our members in a determination in January 2019. The issue was whether MECA clause 19.2 (premium rates for work outside of certain hours) applied to the Fast Track roster in the Hawke's Bay Emergency Department. The DHB's argument that the member did not work shifts was rejected by the Authority. The DHB agreed to pay backpay.

Attempt by DHBs to threaten health unions through withdrawing participation in shared processes

In February, the National Affiliate Council of the Council of Trade Unions adopted a resolution strongly critical of the DHBs' collective bargaining strategy in respect of resident doctors represented by the RDA. It was moved and seconded by ASMS and NZNO. The DHBs' reaction to the resolution was swift and unexpected; a letter from Rosemary Clements (Chair of the Employment Relations Strategy Group) advised that DHB chief executives were considering their ongoing participation in all national bipartite and tripartite health sector forums including the Health Sector Relationship Agreement Steering Group and the National Bipartite Action Group. When this extended to cancelling a scheduled meeting of the National Joint Consultation Committee (ASMS and the DHBs) ASMS made representations to the DHBs to rescind the decision. When this was declined, we issued legal proceedings with the Employment Relations Authority over a breach of the MECA (the NJCC is created by the MECA). As a result, the DHBs pulled back from their aggressive position, leading to a resumption of both NJCC and the other meetings.

Employment Relations Amendment Bill 2018

This legislation reversed changes made by the former government. The amendments came into effect in May 2019. The legislation does the following:

- Reinstates the right of unions to initiate collective bargaining in the first instance.
- Reinstates the 30-day rule covering new employees under the applicable existing collective agreement.
- Reinstates the duty to conclude bargaining (albeit with a genuine reason exemption).
- Reinstates rest and meal breaks.
- Restricts 90-day trial periods – these cannot be used by employers with 20 or more employees.

DHB non-compliance with the Holidays Act

Over recent years the Labour Inspectorate has found systematic non-compliance with the Holidays Act across a number of DHBs. The 20 DHBs and health sector unions have entered into an agreement to address DHB non-compliance dating back to 1 May 2010. Initial sampling of DHBs payroll records found that \$550 million to \$650 million is owed to DHB staff. The remediation process has started at some DHBs. The whole process is expected to take two years.

The Association has observed that the causes of non-compliance are a lack care in holiday pay calculations, DHBs using payroll systems not fit for purpose, and most significantly, large elements of pay being left out of the gross earnings calculations on which holiday pay is based. This has been aggravated by a payroll culture that lacks transparency for employees in respect of pay and leave transaction information.

The Association has also contributed to the recent Holidays Act Taskforce looking at possible changes to the Holidays Act with a focus on more certainty over how holiday pay is calculated and better access to information to monitor these calculations.

These activities have required a considerable amount of time and effort from Industrial Officer Steve Hurring owing to his expertise in this area.

Restorative Practice

The industrial team has been encouraging DHBs to use restorative practice to resolve relationship issues, particularly for complaints about unprofessional behaviour, including bullying. We have been encouraging DHBs to engage external expertise to facilitate the restorative process, rather than using in-house HR personnel. Claims of unprofessional behaviour are often better dealt with through restoring the relationship through restorative practice than disciplinary investigation.

Bullying, harassment and unprofessional behaviour

Workplace tensions, personality differences and intolerance of 'difference' continue to manifest themselves in complaints against a small number of our members or by members against their colleagues. If there is an emerging pattern it is that the complaints while couched in terms of bullying and harassment, are usually more often examples of 'plain old' inappropriate behaviour or unpleasantness. The elements of the complaints will include one or more of the following features: the power imbalance between the person complained about and the complainant; age, gender or racial differences; style of supervision; 'perception' of the other's clinical skills; and stress brought about by over-work or under-resourcing.

While DHBs may introduce varying kinds of restorative practice and behaviour modification programmes, they continue to place too much reliance on heavy-handed disciplinary investigations and punishment. These cases are more likely to damage relationships than restore them. They are both emotionally distressing for all members involved (on both sides of the complaint) and demanding of industrial officers' time.

Job offers

Advising new and prospective members about their job offers remains an important part of the industrial officers' work. It also gives those IMGs who seek such advice a positive introduction to the union and confidence they will be employed on terms and conditions consistent with their colleagues in the service they are about to join.

Industrial officers are however concerned at what appears to be an increase in the practice of employing 'Fellows' (who might otherwise qualify to be paid as specialists) as medical officers, despite effectively working as specialists. These will usually be in sub-specialty training posts for fixed terms but are unfair and usually in breach of the MECA. Unfortunately, the Fellows are reluctant to make waves and challenge their poor remuneration, and their permanent colleagues in the service will usually turn a blind eye to what is effectively exploitation.

Single employer proposal for Mental Health and Addiction Service; Capital & Coast, Hutt Valley and Wairarapa DHBs

Capital & Coast, Hutt Valley and Wairarapa DHBs are proposing that all mental health and addictions employees across the three DHBs be employed by Capital & Coast DHB. Members are mostly opposed to the proposal. The Association has focused efforts on making the consultation process genuine instead of what appears to be a predetermined outcome.

Major personal cases

There is no shortage of these cases. They are emotionally quite distressing for the member(s) concerned and may take a very long time to resolve. Where clinical competence concerns are at issue, independent investigations under MECA clause 42 may take many months to complete. They are seldom completed within 12 months; most will continue for at least 18 months and some for several years.

For some time now, we have lost confidence in most employers' ability to undertake their own in-house disciplinary investigations of serious complaints of bullying, harassment or other 'unprofessional' behaviour. Where we can, we are insisting that these investigations are undertaken by independent external professionals, preferably with experience or at least a solid understanding of procedural fairness and natural justice.

As in previous years, we have supported members in numerous cases that have resulted in 'negotiated' exits, whether on retirement, medical, or purely pragmatic grounds.

ACTIVITY IN THE NON-DHB SECTOR

The Association offers membership in non-DHB areas in acknowledgement of the importance of the non-DHB sector and to ensure that non-DHB doctors and dentists are paid suitably, with good conditions. As a union we also have a role in having collective conditions of employment for as many employees as possible. We do not accept that where a doctor works should see them have lesser conditions of employment than similarly qualified and experienced colleagues elsewhere.

Our non-DHB membership spans most areas of the health sector. However, our Constitution excludes salaried doctors and dentists employed by government departments (ACC is not a government department). Instead they are eligible to join the Public Service Association (PSA). Last year ASMS was approached by doctors employed by the Ministry of Health, many of whom are former members due to previous DHB employment. After further discussions, and with the PSA's support, the National Executive is proposing an amendment to the Constitution to extend membership eligibility to doctors and dentists employed by government departments. Currently the Ministry of Health doctors are eligible to become associate members and have, this year, done so.

Non-DHB membership is increasing each year and there is considerable scope to grow. Our membership of around 260 equates to more members employed in the non-DHB sector than in our five smallest DHBs combined.

We have increased to 20 collective agreements overall and we are recruiting in other areas.

Of particular note this year was the industrial action taken by our members at Te Runanga o Toa Rangatira. This is our largest Iwi collective agreement, with 24 members based primarily in Porirua. Negotiations were very difficult, primarily as we tried to include our two dentist members in the same collective agreement. We were eventually unsuccessful. Our members are to be congratulated on the fight they put up for their colleagues. This coverage issue is nevertheless ongoing.

We also negotiated our twentieth non-DHB collective agreement after several days of talks at Balclutha (Clutha Health First).

Other collective agreements

There are a number of non-DHB collective agreements negotiated or still to be negotiated this year as follows:

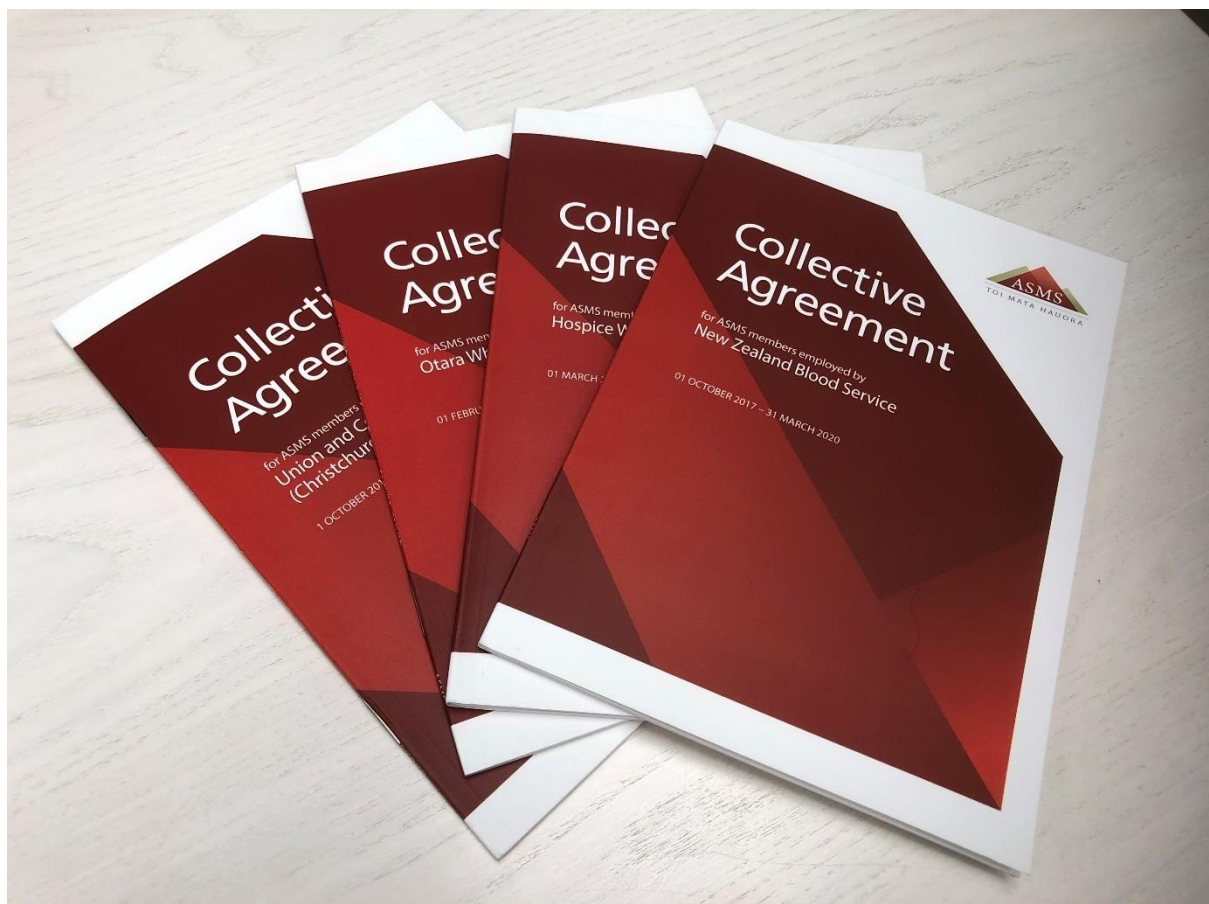
- Wellington Southern Community Laboratories – we are in our first renegotiation of this collective agreement for our WSCL members (who had mostly previously worked at Capital & Coast or Hutt Valley DHBs).
- Family Planning – we have over 20 members and this is another important collective up for re-negotiation in late 2019. Our membership is exclusively female and we fear the comparatively poor conditions at Family Planning may be because of this. We will be working to get more equitable conditions.
- Ngati Porou Hauora – this is a long-standing collective agreement but is difficult to renegotiate because of high doctor turnover. We had a good result comparatively.

- Union Health Centres – ASMS negotiates collectives for 25 union health centre members. We have 20 on the Wellington multi-employer collective (Newtown, Hutt, Whai Oranga and Porirua Union Health centres) and the other five in the Christchurch centre. The Wellington Agreement was amicably re-negotiated with a good outcome. Christchurch is under way.
- Hokianga Health was successfully renegotiated.
- Hospice Whanganui (our only non-Hospice MECA site) is well under way and is anticipated to be concluded by December.
- Compass Health Sexual Health Services should be successfully concluded in late November.
- Waitaki Health Services have 'been through the mill' over the last 12 months but look to be getting back on track. We will be renegotiating their collective in November.

Next year we have nine collective agreements to negotiate. These agreements are ACC, New Zealand Blood Service, Hospice MECA, Dunstan Hospital, Wellington Union Health, Ngati Porou, Te Runanga o Toa Rangatira, Ashburn Clinic and Golden Bay.

Some of our non-DHB sites have small numbers and we have around 20 non-DHB members who are sole members at their 20 workplaces.

Heartfelt thanks go to all our non-DHB members who join negotiating teams as representatives or in other ways support their colleagues and assist the ASMS team in continuing the fight for fair employment conditions.



POLICY AND RESEARCH

The Association's policy and research team is led by Deputy Executive Director Angela Belich and has two staff – Director of Policy and Research Charlotte Chambers and Senior Policy and Research Advisor Lyndon Keene. Dr Chambers took over the role of Director in August 2019 as part of a long-term succession plan and Mr Keene intends to reduce his hours to 15 hours per week in 2020.

This year's work was busy with a series of *Research Briefs*, also sent as papers to the Health and Disability System Review, detailing ASMS' view of what is needed to achieve the aim of securing a sustainable and forward-looking health system. An analysis of the Interim Report of the Review has been done, as detailed earlier, and a further submission is being produced. In the latter half of the year we completed the aim of surveying all DHBs on the adequacy of their current staffing levels in the view of clinical leaders.

This year also saw the release of the *Health Dialogue* on gender inequities in the senior medical workforce as well as the release of research commissioned with Motu Economic and Public Policy Research on the issue of the gender-based pay gap in New Zealand.

We also commissioned research on New Zealand and Australian specialist salary and working conditions from BERL (Business and Economic Research Limited). This work was produced to provide an evidence base for advocating for better health and workforce policy, and to support the forthcoming 2020 DHB MECA claims.

Most recently we have produced a publication, *Hospitals on the Edge*, highlighting the mounting pressures on hospital services and calling for action on specific areas. This is being released in the lead-up to Annual Conference.

Research Briefs

Research Brief: Does more access to primary care and a greater focus on preventing illness and promoting health reduce pressure on hospital services?

This *Research Brief* examines the relationship between primary care and pressure on hospital services. It makes the case for a 'systems' approach to reduce pressure on hospitals, including strong integration between hospital services, primary care and social services, to provide a patient-centred continuum of care. https://www.asms.org.nz/wp-content/uploads/2019/03/Research-Brief-on-primary-prevention_170857.2.pdf

Research Brief: Path to Integrated Care

The evidence shows that in order to relieve increasing pressure on hospitals and community-based services a whole-systems perspective is needed, adopting an integrated approach recognising the complexities of modern health care. This *Research Brief* looks at lessons from the evidence on how to implement changes to achieve better community-hospital integration.

https://www.asms.org.nz/wp-content/uploads/2019/08/Research-Brief-on-integrated-care_172441.2.pdf

Research Brief: Collective Leadership: harnessing the knowledge and skills of clinicians to transform health care

This discusses the many benefits, clinically and financially, of collective clinical leadership, based on the premise, and supporting evidence, that those with intimate knowledge of the day-to-day workings of a hospital are best placed to understand how to optimise organisational performance and influence health care practice.

https://www.asms.org.nz/wp-content/uploads/2019/08/Research-Brief-Distributed-clinical-leadership_172592.2.pdf

Research Brief: Assessing the extent of the senior medical officer (SMO) workforce shortages

This research brief argues that in order to provide genuine patient-centred care, SMO workforce shortages must be addressed. High workload and time pressures hinder strong multidisciplinary teamwork and effective integration with other services, both of which are critical for patient-centred care.

<https://www.asms.org.nz/wp-content/uploads/2019/01/Research-Brief-on-SMO-workforce-needs-171201.2.pdf>

Research Brief: Forecasting New Zealand's future medical specialist workforce needs

This investigates issues surrounding the future stability of the specialist workforce. Ministry of Health workforce and service demand modelling show New Zealand's need for health services is projected to increase at a higher rate than the projected growth of the specialist workforce during the next 10 years.

https://www.asms.org.nz/wp-content/uploads/2019/06/Research-Brief-specialist-workforce-projections-_172060.2.pdf

Determinants of ill health, the impact of frailty, and funding

In an extended letter to the Health and Disability Review panel, ASMS outlined three further important topics for consideration: determinants of ill health (focusing on poverty, obesity and alcohol abuse), frailty (produced in collaboration with former National Executive member Tim Frendin) and inadequate funding.

Research Briefs were also produced detailing staffing shortages at the following DHBs:

Waitemata DHB https://www.asms.org.nz/wp-content/uploads/2019/01/Waitemata-DHB-staffing-survey_171164.2.pdf

Waikato DHB https://www.asms.org.nz/wp-content/uploads/2019/07/Waikato-DHB-staffing-survey_172221.2.pdf

Northland DHB https://www.asms.org.nz/wp-content/uploads/2019/10/Northland-staffing-survey_172811.2.pdf

Whanganui https://www.asms.org.nz/wp-content/uploads/2019/10/Whanganui-staffing-survey-Research-Brief_172815.1.pdf

Tairāwhiti https://www.asms.org.nz/wp-content/uploads/2019/10/Tairāwhiti-staffing-survey_172813.1.pdf

Auckland https://www.asms.org.nz/wp-content/uploads/2019/10/Auckland-staffing-survey_172849.1.pdf

Previous research briefs can be viewed here: <https://www.asms.org.nz/publications/researchbrief/>

Health Dialogues

The Association occasionally publishes Health Dialogues on in-depth subjects. The most recent is *Making up for being female: Work-life balance, medical time and gender norms for women in the New Zealand senior medical workforce*. The release of this publication in a sector wide briefing was hosted by Minister Julie Anne Genter in her capacity as Minister for Women and Associate Minister for Health on 7 November. This arises out of qualitative research and interviews with members undertaken by the Director of Policy & Research Charlotte Chambers. <https://www.asms.org.nz/wp-content/uploads/2019/11/Health-Dialogue-Making-up-for-being-female.pdf>



Surveys

ASMS Salary Survey: This annual analysis reports on the placement of senior doctors and dentists on the salary scales of the DHB MECA as at 1 July 2019. https://www.asms.org.nz/wp-content/uploads/2019/11/Salary-Survey-Report-2019_172884.1.pdf

Snapshot Survey on Distributed Clinical Leadership: This research documents members' perceptions of their DHB's commitment to fostering distributed clinical leadership. It followed previous surveys in 2015 and 2013. https://www.asms.org.nz/wp-content/uploads/2019/08/commentary-on-the-DCL-survey-2019_172201.5.pdf

Shift work patterns and hours of work in the Emergency Medicine and Intensive Care senior medical workforce survey. Results from this survey were used to inform the shift work working group and are likely to be published in a paper in 2020.

Submissions to government agencies

To Treasury on the Discussion Document: Embedding Wellbeing in the Public Finance Act 1989: https://www.asms.org.nz/wp-content/uploads/2018/10/Proposal-to-create-enduring-wellbeing-requirements_170770.2.pdf

To Treasury on establishing an Independent Fiscal Institution: https://www.asms.org.nz/wp-content/uploads/2018/10/Submission-to-Treasury-on-establishing-an-Independent-Fiscal-Institution_170875.1.pdf

The Government Inquiry into Mental Health and Addiction Services: https://www.asms.org.nz/wp-content/uploads/2018/11/Mental-health-inquiry-submission_169977.3.pdf

Finance and Expenditure Committee on the Budget Policy Statement 2019: https://www.asms.org.nz/wp-content/uploads/2019/02/Submission-on-Budget-Policy-Statement_171333.2.pdf Other activity

Health Budget analysis

On behalf of ASMS Senior Policy & Research Adviser Lyndon Keen worked in partnership with the Council of Trade Unions on published pre and post-Budget analyses of Vote Health : <https://www.asms.org.nz/wp-content/uploads/2019/06/How-much-funding-is-needed-to-avoid-the-condition-of-the-Health-System-worsening-2019.pdf>.

This has been an annual CTU-ASMS partnership for several years.

COMMUNICATIONS

The Association's first Director of Communications Cushla Managh left in August after five and a-half years in the role. Senior Communications Advisor Eileen Goodwin (former *Otago Daily Times* health journalist) is acting in the role, ahead of her parental leave starting in December. To cover her parental leave, Liz Brown, an experienced journalist, was hired and started in October. Communications Advisor Lydia Schumacher completes the team.

The Association uses a range of channels to communicate with members, health policy-makers, hospital managers, other organisations, and the public. These include our website, media releases and interviews, social media (two Facebook groups, Twitter, YouTube), publications, videos and photographs, and events. The communications work articulates the concerns of members as part of the wider discussions about public health services, workforce issues and resourcing.

Media

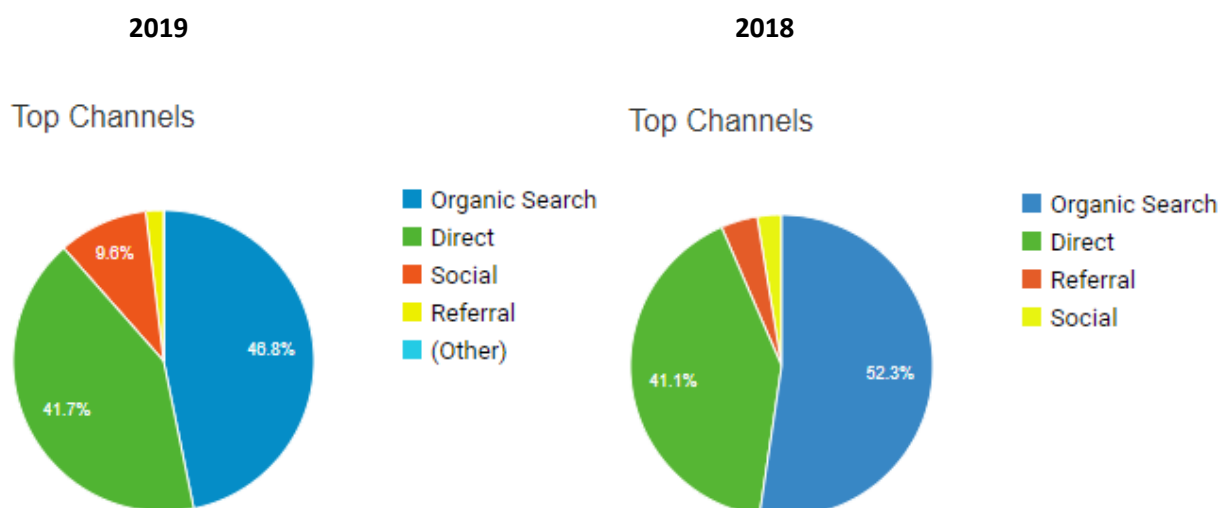
In the past year, the Association has sent out approximately 40 media releases on a wide range of topics, including the impact of industrial action on the sector, our analysis of the Budget and Vote Health, specialist shortages (including ASMS clinical leader surveys), the departure of Waikato DHB Chief Executive Derek Wright, the Government's cancer plan, the impact on patients from staff shortages, DHB deficits, ASMS' safer staffing accord, and the appointment of a new Executive Director for ASMS.

The Executive Director has done numerous interviews on these topics with newspapers, radio stations and TV. The Association's communications team also supports the National President and ASMS members speaking to the media. We monitor the news media and provide news digests to the Executive. The Executive Director writes a regular column for *New Zealand Doctor* magazine.

Website



The ASMS website (www.asms.org.nz) is updated several times each day with relevant media clippings, media releases and other items of interest. Between January and September 2019, the website recorded 21,026 homepage visits, slightly down from last year's 21,831 visits. People found the website by directly typing in the web address, googling it (an organic search), clicking on a link to the website while on another site, or via social media such as Twitter or Facebook. The proportions of each are illustrated below. More people are connecting with the site via social media than in 2018 (9.6% compared to 6.9%)



The website's homepage is viewed the most (18.44% of page views), followed by the ASMS DHB MECA (12.72% of page views), publications, MECA Clause 12, ASMS contact details, employment advice, agreement and salary information, information about the National Executive, news stories and MECA clause 13 (1.30% of page views). On average Sunday to Thursday are the busiest days, with Friday and Saturday having the least number of views.

Social media

The Association continues to maintain an active presence on social media, including the following:

ASMS Facebook page – we have 506 followers, up 64 followers from September 2018. Items of particular interest generate between 1000 and 4000 views (and occasionally more). Most reactions, comments and shares happen when followers share our posts to their page, which is still beneficial as it can lead their followers back to our page. Most items posted on the ASMS website are also placed on Facebook to broaden coverage.

Women in Medicine (WIM) Facebook group – this is continuing to perform well. Formed as a result of a meeting of women senior doctors at the 2016 Annual Conference, it is now a 'secret' Facebook group, open only to women doctors working in New Zealand or about to, or who have recently left (with a strong connection to New Zealand medicine) and medical students. Only members can see who's in it and what they post. As at October 2019, the group had 4,718 members.

The National Executive has approved the establishment of a website for Association women members. It is under development.

Twitter – we have 397 followers, up 56 from this time last year. We use Twitter to re-post the Association's website items. Tweet impressions per month range anywhere from 4,644 in April to 18,300 in June. Tweet impressions are a tally of the total number of times a tweet has been seen.

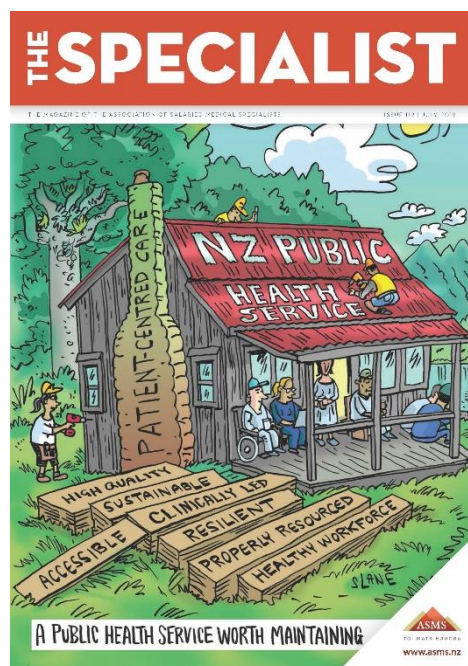
YouTube – the Association's videos are hosted on YouTube and can also be accessed via our website.

Live streaming – we will be live streaming the ‘open’ presentations from the Annual Conference again this year. This worked well in previous years and gives media outlets and the Association’s members who are unable to attend the Conference an opportunity to view presentations as they happen.

Publications and documents

The Communications team handled a significant number of publications and documents of various types over the course of the year.

These included production of four issues of *The Specialist* magazine, a *Health Dialogue*, *Research Briefs* (eg on integrated care, collective leadership, forecasting the future of the specialist workforce), a suite of electronic member newsletters (*DHB News*’, *Directs*, *Executive Directs*), submissions, appendices and strategy documents. Writing, editing and advice are provided as required. The communications team produced a series of videos featuring doctors talking about their experiences on the front-line. Communications is also assisting the research and policy team to produce the *Hospitals on the Edge* report in November.



The Specialist magazine continues to be an important communications channel for the Association. It includes a mix of commentary, analysis, member profiles and articles.

Events

The communications team provides support for events organised by the Association, such as the Annual Conference and the Branch Officers workshop. At the 2018 Annual Conference we promoted the event to members, organised photographs, live-streaming of the open sessions, media releases and social media posts, as well as liaising with journalists during the Conference and writing an article for *The Specialist*. The team has organised a sector briefing in Parliament in November to present *Health Dialogue* relating to women in medicine.

We also provided support for the special anniversary conference and the branch officers’ national workshop, both in June, and will do so for the Association’s Annual Conference this year.

ASMS NATIONAL OFFICE

Association finances

The result for the year to 31 March 2019 was a surplus of \$502,138. This is a significantly better result than the budgeted surplus of \$97,161 as presented at November 2018 Annual Conference.

The main reasons driving the better than expected result for 2019 include:

- Salary costs were \$192,940 below budgeted levels due to unfilled positions and various changes in the mix of staff.
- The Communications team had an overall underspend of \$96,574 due to lower than expected expenditure for printing of collective agreements and constitution books, and a delay in producing Health Dialogue.
- Bargaining fees received were \$39,045 higher than anticipated due to the timing of the MECA.
- The increase in members after the MECA settlement also caused subscription income to be \$39,665 more than budgeted.
- The combination of positive factors listed above has continued to increase the reserves depleted during the 2014-2017 years.

Support services

Maria Cordalis resigned from her position of Senior Support Officer in July 2019 in order to embark upon a lengthy overseas experience. She was a hardworking, talented and loyal staff member who was a great asset to the Support Services team. The position has been filled by Vanessa Wratt who brings a wide range of skills suited to the role which has become apparent in her short time at ASMS.

The Association's support services team continues to report to the Deputy Executive Director Angela Belich and comprises Manager Support Services Sharlene Lawrence, Senior Support Officer Vanessa Wratt, Membership Officer Saasha Everiss and Support Services Administrator Angela Randall.

The support services team provides organisational and financial management support for the Association. The team is often the first point of contact for our members. Among other things, it manages our membership database, ensures the day-to-day smooth running of the national office and provides support for the Executive Director and Deputy Executive Director, as well as the industrial, policy and research, and communication teams.

Specific projects in the past year have included:

- organising the 30th Anniversary Conference, 2019 Annual Conference and 2019 Branch Officers' workshop
- implementation of cloud-based financial software; Receipt Bank and ApprovalMax to streamline daily expense process through automated technology.

- managing the administrative processes around recruiting new members including non-DHB
- managing the election process for branch officers and national executive vacancies
- updating the online membership form to include a gender diverse option
- implementation of a carbon off-setting scheme for staff air travel
- implementation of an integrated video conferencing facility
- supporting the Association's communications work by managing distribution of our printed publications
- ongoing work within membership to go paperless.

Job vacancies online

The vacancies section of the website advertises a comprehensive listing of senior hospital doctor and dentist job vacancies in New Zealand. The listings on the site at any one time is around 80 and the vacancies section has on average 750 visits every month. Most DHBs are now making use of our job advertising facilities and we have seen a rise in advertising from other employers.



ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

Working for better health care in New Zealand
The Association of Salaried Medical Specialists (ASMS) is the professional association and union uniting doctors and dentists in New Zealand.

FILTER JOBS

Any speciality ▼

Any employer ▼

Any term ▼

View jobs

Clear

Current listings

Senior doctor and dentist vacancies in New Zealand hospitals and health services

Welcome to jobs.asms.org.nz the most comprehensive source of job vacancies for senior medical and dental specialists/consultants within New Zealand hospitals and health services.

Showing: All jobs

LOOKING AHEAD

Negotiating the MECA is the key priority for 2020. ASMS will also continue to press for solutions to the precariousness of the senior medical and dental workforce and will advocate for our membership in non-DHB workplaces.

ASMS will continue to engage with the Health and Disability System Review to help engender solutions to the sector's entrenched problems, whose underlying causes are chronic under-funding and lack of long-term planning.



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