

COMMUNITY DOCTOR

July 2018



Welcome!

Welcome to the first newsletter aimed at our members (that's you!) working outside the hospital.

This is one of many newsletters to come, to be sent to you via email and be made available on www.nzrda.org.nz under our Community Care section. We wish to increase our engagement with you so that you are more informed about the happenings of the NZRDA with respect to you.

Whilst this first newsletter is more GPEP 1-focused (given the recent settlement of the collective agreement), following newsletters will include relevant information for all members working in the community including public health and not just GP.

If you have any questions or comments then please let us know by emailing gp@nzrda.org.nz. We welcome feedback about this newsletter – including what you wish to read more (or less...) of – and about any other issues affecting you.

Community-Based Representative

Dr Sarah Rance

Hi there, I'm Sarah and I am your NZRDA Community Based Rep on the National Executive - aka the representative who works to (amongst other things) ensure all of our GPEP and community members related issues get raised to be addressed by the National Executive. I am currently in GPEP 1 and am also the RNZCGP's Regional Rep for the Otago/Southland region this year. I represented the Southern area both as delegate and on the National Exec last year. In carrying out these roles I have seen first-hand the good that can be done when we present a united front, and I want to continue that for all of us in the community. As a group we are pretty isolated compared to when we were in the hospital so if/when you start to get bogged down with any confusion or concern, please don't stress and feel alone out there – contact me or the guys at the RDA office and we can figure it out together.



GPEP 1 Collective Agreement

If you are a current GPEP 1 member you also will find enclosed a copy of the most recent GPEP 1 Collective Agreement which was recently ratified (this is available as a searchable PDF on the website too).

We trust that all members have now received the relevant lump sum back payment (for increase to salary) – if you have not please get in touch with us. A big thanks to Dr Sarah Rance and Dr Ralston D'Souza who were on the bargaining team to assist Melissa Dobbyn and Tara Martin (Advocates). Thank you to everyone who participated in the surveys related to bargaining as this feedback helps to inform the decision making of the

bargaining team. The main changes to the agreement are outlined below:

The RNZCGP and NZRDA settled on an 18 month term (11 December 2017 to 7 June 2019) with a salary increase of 2% from 11 December 2017 and a further 2% effective from 10 December 2018.

We agreed that reimbursement for costs for required textbooks and equipment be increased to \$610 and that the College Conference Allowance be increased to \$600. College Discretionary Leave has now been changed to Study Leave to assist with surety around getting this leave approved and National Executive members can now take up to 3 paid

days per annum so they don't have to attend RDA meetings on annual leave.

The Parental Leave ex-gratia payment is now available to everyone regardless of gender fixing the previous "females only" provision and Registrars are (again male or female) no longer required to complete course requirements within the same year as taking parental leave. The Rural and High Needs Practice Lists were updated and wording was inserted to encourage Registrars to take lieu days within the same attachment in which it was earned if practicable to do so.

We are currently working on some SECA (Single Employment Collective Agreement) FAQs to be accessible online so watch out for that.



Coverage: GPEP 1 but 2 and 3 too!

In case you didn't know, NZRDA covers those of you employed by the RNZCGP in GPEP 1 but also those employed by private practice carrying out GPEP 2 and GPEP 3. We experience membership numbers drop off after GPEP 1 comes to an end as many of you do not realise that you can remain a member of the union heading into your second and third years of the Programme.

Advice on IEAs

While you are employed by a private practice, NZRDA does not enter bargaining to negotiate your terms and conditions of employment (as we do with the DHB MECA and the RNZCGP SECA). However, we can and do review and advise on your IEA (Individual Employment Agreement) before you sign the offer. For your information, there is a [standard/template IEA](#) available on our website so feel free to review this and let us know if you have any questions.

Of course, we also give advice around employment related questions/concerns that can arise during your work (such as issues to do with appropriate pay, hours of work and workload, access to leave, reimbursement of costs, health and safety, bullying etc.) as we would with any NZRDA member. We also carry out important 'big picture' work and promote good change for the GP workforce.

Budget 2018

Rebuilding New Zealand's health services was a priority in the Government's 2018 Budget with a cash injection of \$3.2 billion promised in the health sector over the next four years. A large portion of this funding will go into the District Health Boards to decrease deficits and provide better

well as upping the limit for free doctor visits to those 14 years and under. There is also a \$1 million grant to allow SuperGold Card Holders a free annual check-up, as well as promising additional support for primary health care providers in general. This additional support will be in the form of yearly contributions of \$9.49 million for the next four years.



health services overall but Primary Care will receive direct funding also.

The government have promised \$364.67 million over the next five years to help accommodate their "Very Low Cost GP" visits scheme for all community service card holders as

Whilst this is the greatest injection of funding the health sector has seen in over a decade, the Government must also be cautious of the potential strain this may place on GPs and other primary care providers. As the government's "Very Low Cost GP" scheme will result in more than 600,000 New Zealanders having access to GPs for around \$20-\$30 cheaper than usual, the threat of overworked

GPs is prominent and must be offset by (amongst other things) an increase of GP training places. Whilst funding was promised by the Government pre-election to up GP training places to 300, there was no mention of this in the 2018 Budget.

NZRDA Health and Wellbeing Conference

Do not forget the NZRDA Health and Wellbeing Conference is taking place at SKYCITY Auckland Convention Centre on the 8th and 9th of November.

The Hon Dr David Clark will be providing the opening address and we have (amongst many other speakers) Dr Caroline Christie from Pegasus Health presenting on challenges and solutions to achieving good health and wellbeing in Primary Care.

The NZRDA Education Trust is sponsoring (by covering accommodation and travel costs) a limited number of RMOs to attend this event. To register your interest and for more information please email us at conference@nzdta.org.nz.



NZRDA HEALTH & Wellbeing CONFERENCE

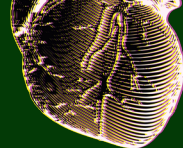
8 & 9 November 2018
SKY CITY, AUCKLAND

TO REGISTER
conference@nzdta.org.nz
www.nzdta.org.nz/conference-2018

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Contractor or Employee?

As GPEP 1s start to consider options for GPEP 2 (and possibly beyond), a frequently asked question is "Am I going to be a contractor or employee?" Some of you might not even know to ask this question. For your information, please find a hardcopy enclosed (alongside this newsletter) guide to determining whether you are in fact a contractor or employee (it is important to know the difference!)



Working Group: Responding to Changes in General Practice

In May the RNZCGP held a working group meeting at its offices in Wellington to discuss how to best respond to changes in general practice.

Attendees included NZRDA, a number of GPs working across the country, and relevant persons from the RNZCGP including Helen Morgan-Banda (CEO) and Jo Blakey (Board Chair). Many thanks to those of you who participated in our 'GP Workforce Survey' as this feedback informed the meeting.

The group's aim is to identify and discuss key issues likely to affect the GP workforce in the future (or already are) and to provide advice and solutions. Some themes discussed by the group (not necessarily the views of members, just what the group discussed) are summarised below.

Changes in Workforce

There was shared concern around the lack of an integrated, future orientated strategy at a national level to address primary care workforce concerns. As we all know there are a high numbers of GPs planning on retiring sooner and there are also high numbers of younger GPs planning families, which will also result in periods of leave from the workforce. New generation GPs (both male and female) do not want to compromise parenting or their careers. We want General Practice to be flexible, fit for purpose and family/gender friendly.

Existing Pressures

Pressures exist for older doctors in terms of high expectations they will provide perfect service and to keep up with complex science and new treatments. Pressures also exist for younger doctors as fewer procedures are routinely taught in DHBs and the push to provide services in the community means that younger doctors don't experience patients with some conditions until they start in general practice, at which time, they don't have the skills or experience to deal with it.

Technology

We discussed the place of technology both now and in the future given that

it will change the way Registrars learn and how GPs practice. Virtual care is already here but it is not currently well reflected in the RNZCGP curriculum and Fellows who are adapting to new technology-based consultations need more support. Feedback suggests that those working in 'GP Land' are of the stance that there most definitely is a place for virtual consults today however there needs to be improved education around its usage. This training would include appropriate processes and how to best determine when a face to face (compared with virtual) consultation is needed generally given the possible medico legal implications. It was also discussed that greater telephone triage training and PMS data training in the GPEP curriculum would be hugely beneficial to many.

Māori Health Outcomes

The current system could be significantly improved with regards to achieving health outcomes for Māori. Some Māori do not see the value in seeing the same doctor or nurse to manage their long-term condition as there is lack of understanding in the value of continuity of care; as long as they see a doctor, they believe they are being well-cared for. We discussed how it would be beneficial to include more education into the GPEP programme around the value of integrated care teams and the systemic barriers to patients accessing care.

Collegiality & Mentoring

We discussed the advantages of strong collegiality and networking amongst GPs, the value of mentoring, and importantly, how so much more could be being done in this space right now. There are many benefits to GPs knowing other GPs for example, more patients can be referred within this group for say treatment provided by GPs with advanced competencies such as phlebology/minor surgery. Compassion from and connection with fellow GP colleagues can help maintain good health and wellbeing and protect against burnout which is especially important as a busy workload (often coupled with running the practice) can add up to a lot of stress. Mentorship

outside of the practice they are working in is especially desirable in GPEP 2 and 3 to share experiences and assist with 'isolation.'

Advocacy Group

There is a want and need for one advocacy group representing all GPs working in primary care - to give a collective voice and lobby to the Government when and where required. RNZCGP has a mandate from members to advocate on their behalf for more GPs and the other issues facing general practice, but it is constrained by the need to maintain good relationships with officials, funders and the government. Discussions are to continue around what or who this advocacy group representing all GPs (irrespective of career stage) should be.

This working party is to make various recommendations from the first meeting to the College Board. These could include for example that the College is to gather more information on the training experiences and learning in GPEP 2 & 3 and post-Fellowship and that the College initiates work around the possible 'General Practitioner of the Future' Seminar Day and we will discuss these issues again during the course of the year. In the meantime, the NZRDA is compiling its own document 'The Future of the General Practice Workforce' which has been in the works for some time now. We would love for you to get in touch with us (gp@nzrda.org.nz) if you have any comments around these important and topical issues affecting all of you.

Learning Zone

We understand the online Learning Zone is not user-friendly to say the least... NZRDA as been in touch with the College about this issue who have assured us that they will be carrying out user consultation to resolve problems of functionality, navigation, etc, for the new Learning Zone. We will continue discussions with the College regarding progress on this – let us know if you see any improvements or, worse still, none at all!



Contact Details

www.nzrda.org.nz

Membership

membership@nzrda.org.nz

General & contract

gp@nzrda.org.nz

Superannuation

superannuation@nzrda.org.nz

Insurance

insurance@nzrda.org.nz

NZRDA Education Trust

educationtrust@nzrda.org.nz

Physical Address

NZRDA

Unit E, Building 3

195 Main Highway, Ellerslie

AUCKLAND

Postal Address

NZRDA

PO Box 11 369

Ellerslie

AUCKLAND 1542

Phone: (09) 526 0280

Fax: (09) 579 6213

Free phone: 0800 803 993

