EVERY RESIDENT DOCTOR COUNTS

NZRDA PRIORITIES FOR 2024

1. GETTING THE FOUNDATIONS RIGHT

Te Whatu Ora estimates that we are currently missing 1,700 FTE from the medical workforce, and that we will need 3,400 additional full-time doctors by 2032. Everyone now agrees that closing this gap will require close to 300 more medical student placements, making New Zealand a significantly more attractive place to live and work as a doctor, and dramatically improving the retention of our homegrown medics.

Training and retaining more doctors will require us to improve the value proposition at the heart of the wage/work bargain that "*New Zealand is the best place in the world to work and live as a resident doctor, and after training, a specialist.*" New Zealand cannot afford to keep burning out or losing our future specialist workforce overseas. We must understand that to fix the crisis, every resident doctor counts.

This will require improving the foundation document of the employment relationship – the NZRDA and Te Whatu Ora Collective Agreement.

Our priorities for 2024 and the cornerstone principles we are putting forward for a better approach to resident doctor employment at Te Whatu Ora are:

- **Competitive Salaries** – Salaries must rise significantly to respond to the cost of living crisis and the global medical workforce shortage.
- **Changing the Culture** – If we want to attract and retain doctors to Te Whatu Ora, we need to protect the 'life' in work-life balance. As part of this, we see that an increase in part-time employment positions, removing back-to-back long days, and ensuring at least four weeks annual leave can be taken each year as key.
- **Improving Training Opportunities and Certainty of Employment** – A national health system that allows for scaling up training opportunities, from three year run allocations for registrars to training places in public health, primary care and service improvement and innovation. Upon the satisfactory completion of vocational training in Health New Zealand, an RMO covered by this collective agreement will be guaranteed permanent full-time employment as a Senior Medical Officer in Health NZ.
- **Better Start for Trainee Interns** – Recognising that trainee interns are the future of our medical profession and paying them for the work they do as acting house officers.

Effecting these changes will require collective agreement updates, structural support through the Resident Doctor Support Service, as well as a shift within Te Whatu Ora to understanding resident doctors as the key link in the chain from our current problems to our future solutions.

2. FIXING THE PIPELINE

Medical Students

In July 2022, NZRDA raised a claim for an increase in the number of medical students by 200, and in 2023, the Government announced further funding for medical schools to increase placements. Further announcements, including by National on a third medical school at Waikato, focused on primary care medicine. Although the first of these extra doctors will not enter the system until 2029, the additional 300 doctors produced per year will be crucial to future workforce sustainability.

Trainee Interns

During the pandemic and from winter 2022, NZRDA has watched with growing concern, the increasing pressure on trainee interns to provide cover for understaffed RMO teams by working as acting house officers. Although we have tried to resolve this issue with Te Whatu Ora away from bargaining, we have been stonewalled. We have also witnessed the absolute mess created by the change in house officer start dates from November to January with frustration. The health system needs all the help it can get. If TIs are willing and ready to cover House Officer absences in ordinary hours, then they should be employed to do so. Furthermore, the option of beginning employment as soon as they have graduated should exist.

House Officers

A key issue for house officers is choosing a vocational training pathway. We want Te Whatu Ora to commit to annually producing lists of projected specialist shortages/ surpluses, and current vacancies in a way that allows house officers to make an informed decision about their career.

Registrars and Senior Registrars

Improving the recruitment and retention of registrars requires a multi-dimensional response to the known issues:

- Ensuring all run allocations meet a registrars' training requirements and securing registrars guaranteed employment as an SMO if they complete training in New Zealand;
- Making psychiatry training more attractive with safer rosters;
- Making physician training more attractive;
- Accelerating training by providing the additional step increase once the first exam is passed;
- Reviewing ICU rosters to weed out 13-hour shifts and breaches of the 30% limit on nights;
- Increasing the number of dedicated part-time training positions;
- Working with Colleges to allow more NZ-only training pathways.

3. INVESTING IN REMUNERATION

Salaries for RMOs have fallen well behind Australian rates of pay. Currently, a first-year house surgeon in an urban area earns about $13,000 less than a first-year nurse working the same hours per week. Te Whatu Ora has made a point of matching Australian salaries – Australia dollar for New Zealand dollar.

NEW ZEALAND NURSES
As of 1-Apr-2024

1	$75,773
2	$81,683
3	$86,519
4	$91,179
5	$100,849
6	$103,750
7	$106,739

NP1	$136,815
NP2	$143,946
NP3	$151,079
NP4	$162,802

WESTERN AUSTRALIA

HO1	$82,893
HO2	$90,978
HO3	$99,869
HO4	$109,650
Reg 1	$115,028
Reg 2	$120,678
Reg 3	$129,574
Reg 4	$135,950
Reg 5	$142,644
Reg 6	$149,673
Reg 7	$157,053
SR 1	$168,679
SR 2	$177,010

As of 1-Jul-23

QUEENSLAND

HO1	$90,141
HO2	$97,657
HO3	$105,166
Reg 1	$129,583
Reg 2	$133,335
Reg 3	$137,086
Reg 4	$142,727
Reg 5	$146,481
Reg 6	$150,240
Reg 7	$165,257
Reg 8	$170,898
Reg 9	$176,528
Reg 10	$182,106

As of 1-Jul-24

NEW SOUTH WALES

HO1	$76,009
HO2	$89,095
HO3	$97,993
HO4	$110,986
HO5	$120,489
Reg 1	$110,986
Reg 2	$120,489
Reg 3	$130,027
Reg 4	$139,187
Snr Reg	$156,494

VICTORIA

HO1	$83,347
HO2	$88,635
HO3	$98,440
Reg 1	$126,267
Reg 2	$133,444
Reg 3	$138,529
Reg 4	$145,470
Reg 5	$165,475
Reg 6	$173,756

As of 1-Sep-23

TASMANIA

HO1	$87,000
HO2	$92,500
HO3	$99,000
HO4	$105,000
Snr Res1	$131,000
Snr Res2	$138,000
Snr Res3	$144,000
Snr Res4	$150,000
Reg/SR1	$170,500
Reg/SR2	$178,500
Reg/SR3	$183,500

As of 1-Jul-23

Australian rates are in AUD.

Do we need separate salary scales for shift rosters?

No. In the last round of bargaining, we moved to two separate scales for shift and non-shift rosters – with those on shift rosters getting a smaller increase. This was to take into account a proposed change to stop counting hours for sleep recovery days in run reviews due to take effect in 2025. This change would be impossible to proceed with, therefore, we are proposing to return to two scales – one for urban and one for rural, with no divide between shift and non-shift rosters.

Should we move to an 'industrial model' of 2086-hour annual salaries with separate payment provisions for overtime and loadings for penal rates?

Probably not. The current salary system for RMOs is unique. It works by regularly surveying the average hours worked per week to come up with a run category – A to F. It can feel unfair when run reviews determine the average hours worked is just under a threshold for a higher category, and when expected hours of work rise quickly, the pay takes time to catch up. However, the systematic underpayment of overtime for Australian RMOs and the ongoing issues with Te Whatu Ora payroll function make us cautious about adopting an industrial model.

Should we have less registrar steps in the registrar scale or split the scale into registrar and senior registrar like some Australian scales?

Maybe. Removing steps from the bottom of the salary scale may be a simple way to assist retention and may incentivise quicker progress through training programmes. However, it will also create a bottleneck and a nudge to move offshore once people reach the top of scale. It may also be seen as penalising those who take longer to get through training – including those who take parental leaves and those in dual training.

4. OUR PROPOSED SCALES FOR 2024

Our proposed scales would fix the RMO Category F scales along a base salary similar to the Australian scales and similar to where a nurse begins on Step 4 of their scale.

We are proposing resetting the differences between run categories to take into account the average hours of work for each category above a 40-hour week.

We are also proposing resetting the difference between urban and non-urban scales at $6000.

Urban Reg

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	120000	125000	130000	135000	145000	150000	160000	165000	170000	175000
E	45-49.9	142435	148370	154305	160240	172109	178044	189914	195849	201783	207718
D	50-54.9	157392	163950	170508	177066	190182	196740	209856	216414	222972	229530
C	55-59.9	172349	179530	186711	193893	208255	215436	229799	236980	244161	251342
B	60-64.9	187306	195110	202915	210719	226328	234132	249741	257546	265350	273154
A	65+	194784	202900	211016	219132	235364	243480	259712	267828	275944	284060

Non-Urban Reg

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	126000	131000	136000	141000	151000	156000	166000	171000	176000	181000
E	45-49.9	149557	155492	161427	167361	179231	185166	197035	202970	208905	214840
D	50-54.9	165262	171820	178378	184936	198052	204610	217726	224284	230842	237400
C	55-59.9	180966	188148	195329	202510	216872	224054	238416	245597	252779	259960
B	60-64.9	196671	204476	212280	220084	235693	243498	259106	266911	274715	282520
A	65+	204523	212640	220756	228872	245104	253220	269452	277568	285684	293800

Urban HO

Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	90000	95000	100000	105000
E	45-49.9	106826	112761	118696	124631
D	50-54.9	118044	124602	131160	137718
C	55-59.9	129262	136443	143624	150805
B	60-64.9	140479	148284	156088	163893
A	65+	146088	154204	162320	170436

Non-Urban HO

Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	96000	101000	106000	111000
E	45-49.9	113948	119883	125818	131753
D	50-54.9	125914	132472	139030	145588
C	55-59.9	137879	145060	152242	159423
B	60-64.9	149845	157649	165453	173258
A	65+	155827	163943	172059	180175

5. RESIDENT DOCTOR SUPPORT SERVICE

The RMO experience can often feel like a journey through a never-ending series of powerful private fiefdoms, where power is exercised arbitrarily and summarily by a cast of SMOs, training supervisors, clinical directors, RMO unit managers, College officials, and assorted characters in HR, occupational health, and the Medical Council.

Integrating the former DHBs' RMO units and NRA into a single Resident Doctor Support Service accountable to senior management, and RMO unions, with strong links to Colleges and the MCNZ would be a step forward.

It would provide a structure to improve our training pipeline and run allocation; and deal with big issues, including how we increase the availability of accredited training runs while improving the health, safety, and wellbeing of a vulnerable and exhausted RMO workforce.

Making training and education resources more accessible across the country, and providing for better orientation and support for local unit staff as well as expert assistance and a career pathway to help reduce the turnover rate of RMO unit staff.

4. OUR PROPOSED SCALES FOR 2024

One of the most important issues for RMOs is changing the culture in medicine to better support work-life balance and allow doctors to balance having a family whilst becoming a specialist or GP.

We are proposing a three-pronged approach to this by:

- Increasing the number of part-time RMO roles (both registrar and house officer) by 100 – which will be advertised and available in the first 12 months of the new agreement.
- Ensure every RMO gets at least 4 weeks off in every year. If they have not been allowed at least 4 weeks off in the last year, they can choose any period of two weeks which cannot be declined.
- Identifying rosters with back-to-back long days, and prioritising changes to remove them, without increasing the frequency of weekend duties on rosters.

7. WHAT WENT WRONG?

Although this document is about fixing the crisis for New Zealand RMO workforce, it is appropriate to note the combination of factors which caused it:

- **Fixation on minor issues and ignoring strategic challenges** – for years now, the bargaining strategies of the employer have been focusing on the bug bears and RMO unit managers's grievances, e.g. meals, maintaining minimum staffing levels, the timing of alternative holidays, or payment for sleep recovery days, rather than anything of strategic, long-term value.
- **Data over people** – DHBs have always refused to see RMOs as anything more than numbers on a spreadsheet or lines on a roster. Service delivery was paramount while support for the wellbeing of our people or their training came very distant second. Te Whatu Ora must address this imbalance.
- **Forcing employees to strike** – The DHBs failed to understand how much of a negative impact their bargaining approach of 'delay, deny, divide' has on the morale, retention, and productivity of the clinical workforce. Under P & C, employment relations must be enabling of workforce.
- **Failing to progress work-life balance** – much of the DHB strategy seemed to be driven by continued resentment that RMOs want the introduction of safer rosters, which NZRDA is committed to.
- **Public sector pay freeze** – dropped the real value of medical salaries for RMOs and SMOs over the pandemic years.
- **Constant restructuring, little improvement** – gave health ministers something to point to as 'progress' even though nothing was getting better on the frontline.

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NZRDA PRIORITIES FOR 2024

If you would like to join **NZRDA**, please go to www.nzrda.org.nz/join/ to complete our membership form.
For more information, please email us at: ask@nzrda.org.nz

SKILL KNOWLEDGE AND CARE

RDA

WE'RE HERE TO HELP

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