ASMS ANNUAL REPORT 2018

ASMS 30TH ANNUAL CONFERENCE 2018

ASMS
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Contents

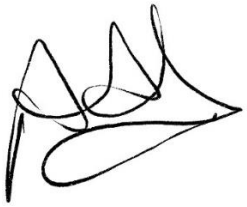
FOREWORD

The Association ends the year in very good heart and ready to take on the challenges and opportunities of 2019.

Highlights of the past year include:

- election of a new National Executive and team of Branch Officers
- continued growth in the Association's membership
- strengthening of the Association's key external relationships and membership networks
- effective responses to health pressures and opportunities to engage within the sector
- further gains in recruiting, organising and representing the Association's members
- articulating members' concerns to senior health managers and decision-makers
- building a strong base of evidence-based policy and research to support the Association's advocacy work
- high quality membership support and financial management from the Association's national office
- reflection by the incoming National Executive on their collective purpose and best practice for engaging with the current and future executive directors to benefit members and national office staff.

I am pleased to present this report to members.



Dr Paul Wilson

ASMS National Secretary

Note: The quotes used throughout this Annual Report are from ASMS surveys of members.

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.

National Executive election

The past year included the election of a new National Executive team. The term of the National Executive expired in March this year, and nominations were sought for the Executive positions. More nominations than positions were received for Regions 1 and 4, and elections were held in those areas.

The Returning Officer was John MacDonald, retired general surgeon, associate member and former longstanding Executive member. He was also the Returning Officer for the subsequent branch officers elections (see below). The Association thanks him for his involvement.

Your new National Executive took office on 1 April for a three-year term. At his last meeting as National President, Hein Stander thanked outgoing Executive members for their hard work and support during the term of his presidency, and in turn the Executive expressed appreciation for his exemplary service as the Association's National President for the past five years. He remains on the Executive in the new position of Immediate Past President as a result of the amendment to the Constitution adopted by last year's Annual Conference.

Executive members Murray Barclay and Julian Fuller were elected unopposed as National President and National Vice President respectively. At the first meeting of the incoming Executive, Paul Wilson was elected, in accordance with the Constitution, as National Secretary.

The Association has negotiated a formal agreement with President Murray Barclay's employing DHB (Canterbury) to secure 0.2 FTE of his time to spend on Association business (without loss of pay). The cost of this is being split evenly between the Association and the DHB. This is the first time a formal release time agreement has been negotiated and reflects the incremental expansion of the role of the President over several years.

The National Executive comprises:

Murray Barclay
President
(Canterbury)

Julian Fuller
Vice President
(Waitemata)

Paul Wilson
National Secretary
(Bay of Plenty)
Region 2

Hein Stander
Immediate Past
President
(Tairawhiti)

Andrew Ewens
(Waitemata)
Region 1

Angela Freschini
(Tairawhiti)
Region 3

Annette van Zeist-
Jongman
(Waikato)
Region 2

Julian Vyas
(Auckland)
Region 1

Katie Ben
(Nelson Marlborough)
Region 4

Seton Henderson
(Canterbury)
Region 4

Tim Frendin
(Hawke's Bay)
Region 3

Former National President and National Secretary Dr Jeff Brown, longstanding Executive member Dr Carolyn Fowler, and Executive Members Drs Jeff Hoskins and Julie Prior did not stand for re-election. The Executive thanks them for their willingness to be involved in and commitment to the Association's national leadership and, in particular, expresses its appreciation for the outstanding leadership of Jeff Brown who is also our longest serving National President. Recognition of his outstanding contribution to the Association's leadership was also recognised by the Executive and staff at a function following the February Executive meeting.

Appreciation is expressed for those members who stood for election but were not successful. Contestability is a positive for the Association.

By the time of the Annual Conference, the Executive will have met formally five times in Wellington since November last year. The first meeting of the incoming Executive, on 13 April, was preceded by an informal Executive meeting, also involving national staff, which discussed the strategic direction for the Association, governance and operational roles, and the next MECA negotiations for DHB-employed members. There was also an Executive-only day on 24 May.

In the past year the Executive has discussed the Association's strategic direction, workforce shortages and pressures, and matters affecting members at both local and national levels. The Executive has met with key stakeholders, including the Minister of Health, and continued to nurture relationships important to the Association's work. Executive members also attended a day-long seminar organised by the Institute of Directors on governance. Although the seminar was worthwhile, unfortunately poor weather affected attendance and a seminar for other Executive members is being considered for early next year. The opportunity to consider the key elements of effective governance in a 'not-for-profit setting', as the corporate world classifies the Association, is worthwhile and ongoing as we look forward to our 30th anniversary and change of key personnel.

An important area of work has been to further develop the Association's strategic direction and priorities for the next three years, with a focus on the lead-up to the 2020 MECA negotiations for our DHB-employed members. Senior doctors and dentists work in a challenging public health environment of population growth and aging of the population characterised by rising acuity, growing health needs, greater difficulty accessing the treatment required, successive years of funding shortfalls, and poor management at both the DHB and central government levels.

Significant factors affecting the Association's work in the next three years include the MECA negotiations, effective engagement with key external decision-makers and organisations, DHB Board elections as well as the general election in 2020, and matters arising that require a response from the Association.

It is also worth noting that the Executive Director, Ian Powell, has signalled his intention to leave the Association at the end of 2019 after 30 years in the role. The National Executive will manage the appointment and transition to a new Executive Director.

"There's so much goodwill in our department, if I have to pop in and see someone's patients, that's okay because I know they'd do the same for me."

Constitutional issues

The National Executive considered an amendment to the Association's Constitution to allow it to co-opt other Association members onto the Executive. This raised a number of important questions about someone who is co-opted. For instance, in what circumstances would the Executive consider co-opting a member, what rights would that person have, who would they represent, and how long would they be on the Executive?

After discussion and consideration, the Executive decided there was no need to amend the Constitution to enable co-option, as other ways of representing the interests of the Association's diverse membership already existed and it could draw on these as required.

At the Association's 2017 Annual Conference, the following remit was carried: 'That the whole of the current Rule 11 be replaced with a revised Rule 11'. This rule change has been registered with the registrar of incorporated societies.

The updated Constitution is available on the Association's website at https://www. asms.org.nz/wp-content/uploads/2018/01/Constitution-2018.pdf.

"It is difficult as an SMO to call out bullying as it is a sign of weakness. Therefore, many of us put up with it, especially in a system where we are overworked with unrealistic schedules and no hope of making an improvement."

Your branch officers

The three-year term for branch officers ended on 30 June 2018 and nominations were called for these positions. Where nominations exceeded the number of positions available, a postal ballot was held. The Executive expresses its appreciation for all those who agreed to be nominated, including those where ballots were conducted.

The new team of branch officers took office on 1 July 2018 and attended the Association's annual national workshop for branch officers in August. The agenda included discussions about the role of a branch officer, and issues such as recovery time, safe shifts, and gender pay audits. ASMS Principal Analyst Dr Charlotte Chambers presented her gender research findings. Of particular note was an address by the Chair of the Government's review of the health and disability system, Heather Simpson, which led to a wide-ranging discussion.

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
Counties Manukau	Sylvia Boys	Russell Smart
Waikato	Dara de las Heras	Alison Stearn
Lakes	Andrew Robinson	Philip Gartland
Tauranga	Rod Gouldson	William McAuley
Whakatane	Richard Forster	Kathy Sutton
Taranaki	Allister Williams	Allan Binnie
Tairawhiti	Mary Stonehouse	William Weiderman
Hawke's Bay	Kai Haidekker	Debra Chalmers
Whanganui	Bernd Kraus	Mark Van de Vyver
Palmerston North	Andrew Spiers	John Bourke
Wairarapa	Norman Gray	Nicholas Pascoe
Hutt Valley	Neil Stephen	Tanya Wilton
Wellington	Justin Barry-Walsh	Alain Marcuse
Nelson	Katie Ben	Gareth Harris
Marlborough	Jeremy Stevens	Graeme French
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

The Association turns 30

The Association will celebrate its 30th anniversary in 2019, having been formed in April 1989. Planning is underway for a special one-day anniversary conference to be held in Wellington on 27 June 2019, with the theme: Why a public health service is worth fighting for. Professor Martin McKee from the London School of Hygiene and Tropical Medicine (https://www.lshtm.ac.uk/aboutus/people/mckee.martin) will be a keynote speaker at the conference. He previously spoke at the Association's 25th anniversary conference in 2014 and gave well-received presentations throughout New Zealand. The Association is very pleased to welcome him back. The Minister of Health will also address the special event. Invitations have been issued to a number of other dignitaries and leaders in their fields, and we will keep members up-to-date with details of the special conference as these are confirmed.

The special conference will be preceded by a regular meeting of the Association's National Executive and followed by the 2019 national workshop for branch officers.

2019 meeting dates

The following meetings have been scheduled for 2019:

- Special 30th anniversary conference: Thursday 27 June
- Branch officers' national workshop: Friday 28 June
- Annual Conference: Thursday 28 November and Friday 29 November
- National Executive: 20-21 February, 2 May, 26 June, 5 September and 27 November.

MEMBERSHIP

Once again the Association has had another record membership year (the 19th in succession). Membership as of 29 March 2018 was 4,763 compared with 4,416 at 31 March 2017, representing an overall increase of 239 (5.4%). We had 1,440 members in our first year of existence (1989-90).

The following table shows annual membership increases since 1998-99:

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	239	4.5%

Membership growth is generally offset by factors such as resigned employment, retirement and moving overseas. 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.

Close to 85% of our members pay their subscription fortnightly by automatic salary deduction (about 70% of new members employed during the past year opted to do so).

About 12% of Association medical members are also members of the NZMA. 21% of medical members who joined in the Association in 2018 were also members of the NZMA, compared with 13% in 2016 and 22% in 1996. Meanwhile, 33% 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 Health Workforce New Zealand (HWNZ), the Medical Council, the 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 April this year to talk about the Government's priorities in health and to hear of members' concerns. The Executive raised issues to do with long-standing specialist shortages, burnout and presenteeism, and was heartened that the Minister appeared to take these concerns on board. The Association looks forward to further engagement with Dr Clark.

The Association has a tradition of inviting the Minister of Health to address each year's Annual Conference, and we appreciate Dr Clark making time to do so again at this year's Conference.

The Executive Director has also met informally with Labour and National MPs to keep them informed of members' concerns.

Director-General of Health

The Executive Director has regular informal meetings with the Director-General of Health to discuss matters of common interest and to raise areas of concern. These meetings have been held for some years and continued in the past year following the departure of Chai Chuah, with Stephen McKernan acting in the role while a replacement was recruited, and then Ashley Bloomfield appointed for a five year term effective from June 2018.

These meetings are very useful and typically discuss a wide range of issues. Topics in the past year have included SMO shortages, clinical leadership, the Minister's letter of expectations to DHBs, the Government's health review, engagement with DHBs, workforce planning, issues arising from Schedule 10 of the RMO MECA, and the precarious state of the national forensic pathology service.

Medical and professional organisations

New Zealand Medical Students Association (MSA)

Since 2015, ASMS and the New Zealand Medical Students Association have been endeavouring to develop a collaborative relationship, with ASMS funding the attendance of MSA observers to our Annual Conference that year. In 2016 we jointly sponsored a special conference on the future of the specialist workforce in 2025. We also agreed to provide additional funding to MSA as a contribution to their two national events on the basis that the Association would have a significant presence through presentations. This arrangement continued in 2017 and 2018. Further, since 2016, the MSA President has addressed the Conference Opening Proceedings.

The National Executive decided in August this year to restrict funding to the attendance of six MSA leaders (travel and accommodation) as observers at the Association's Annual Conference from 2019 onwards. We will also provide speakers to NZMSA events when requested, relevant and possible.

New Zealand Medical Association

The Association continues to maintain a good working relationship with the New Zealand Medical Association. The Executive also meets NZMA's Chief Executive informally on a regular basis.

Medical Council

The Association enjoys a good relationship with the Medical Council and Chair Andrew Connolly. We regularly circulate Medical Council notices and provide feedback on matters affecting our members.

In July this year, the Association provided feedback on the Medical Council's draft changes to the document '*Safe practice in an environment of resource limitation'.* There were several proposed changes that we felt we needed to comment on. For example, we felt the document implied that resource constraints were inevitable and must be accepted. We challenged this and suggested a number of wording changes. We also proposed including a statement alluding to a doctor's duty to contest resourcing limitations that are inconsistent with their duty of care and professional responsibilities, and we proposed that the ethical principles of 'do no harm' should be included.

Council of Medical Colleges

From time to time the Association meets with the Council of Medical Colleges to exchange views on issues in an informal way. We met with them again earlier this year. Issues discussed included HWNZ, the *Choosing Wisely* campaign, inappropriate behaviour and bullying, and the ASMS patient-centred care *Health Dialogue*.

Hospital and Community Dental Association

The Executive Director has been invited in recent years to give an address to the annual Hospital and Community Dentistry Conference and did so again in 2018. His address focused on the Minister's letter of expectations to DHBS, the precarious state of the specialist workforce, and the benefits of clinical leadership. It is available on the Association's website at https://www.asms.org.nz/wp-content/uploads/2018/07/Address-to-Hospital-and-Community-Dentistry-Conference-28-July-2018_170267.1.pdf.

Medical Protection Society (MPS)

The Association continues to enjoy a close working relationship with MPS, including working together on cases or issues where our respective roles overlap or intersect. Much of this involves our industrial officers with MPS representatives and lawyers on specific cases which have been to the benefit of members. MPS continues to sponsor our Annual Conference dinner and provides a regular topical article for each issue of *The Specialist.* MPS articles in the past year have included the following topics of interest to our members – the problems of treating those close to you, the Dr Bawa-Garba case, writing a report to the coroner, and speaking up to prevent distal harm.

The handling of the Dr Bawa-Garba case and the outcome caused concern among the Association's members. The Executive Director approached MPS for a statement on the implications of the decision, including for medical practitioners in New Zealand, and this was gratefully received and discussed. MPS is also due to give a presentation about the case at this Annual Conference.

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. 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 new political environment, the Dr Bawa-Garba case, the Government's health review, the precariousness of the specialist workforce in DHBs, and the Association's ongoing research programme.

"I fear going to work…I have lost confidence in myself as a doctor and as a person. I am very anxious about work."

Sector meetings

Meetings to discuss impact of international trade arrangements

Late last year the Executive Director attended a meeting between the CTU and several affiliated unions and the Minister of Trade David Parker on the latest revision of the controversial Trans Pacific Partnership Agreement, which has since been renamed the Comprehensive and Progressive Agreement for Trans Pacific Partnership (CPTPP). Officials from the Ministry of Foreign Affairs and Trade (MFAT) and the Ministry of Business, Innovation and Employment (MBIE) also attended.

The Association, along with a range of other organisations, has persistently requested an independent health impact assessment of this international trade deal and raised members' concerns about the likely consequences for health decision-making and delivery in New Zealand. While not agreeing to an independent health impact assessment at that meeting, David Parker did respond positively about engaging further on the issues raised.

Later In December, the Association hosted a meeting with representatives from MFAT to discuss our concerns further. The New Zealand Medical Association and Council of Trade Unions also attended on my invitation. Following the meeting, the Association wrote to the Ministers of Trade and Health to press again for an independent health impact assessment in light of the supportive position of the coalition parties prior to the general election.

While the CPTPP has some improvements compared with the TPPA, largely due to the withdrawal of the United States from the latter, the Association still has serious concerns. We are disappointed with the Government's failure to follow through on its pre-election commitment position on an independent health impact review and have continued to publicly advocate our position.

Health Workforce New Zealand (HWNZ) Medical Advisory Group meetings

The Association took part in two meetings of the HWNZ Medical Advisory Group in December 2017 (by teleconference) and June 2018 (face-to-face). These were chaired by Ken Clark, Chair of the Chief Medical Officers Forum and CMO at MidCentral DHB. Representatives from a wide range of sector organisations took part, including the Association, the New Zealand Medical Association, HWNZ, DHBs, the Ministry of Health, Medical Students Association, ACC, RCNZGP, and the Auckland and Otago medical schools. Topics discussed included the funding model for vocational training, the Government's health review, an HWNZ assessment of medical workforce capacity and workforce strategy, requests for investment, and issues to do with the RMO workforce.

The advisory group is now in abeyance while the Minister of Health considers the future of HWNZ.

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 the Minister's letter of expectations to DHBs, RMO rosters, the well-being clause in the ASMS DHB MECA, new employees at DHBs, matters arising at DHB-specific JCC meetings, and the *Choosing Wisely* campaign.

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, and E-tū Unfortunately, due to other commitments, including clashes with Executive meetings, it has only been possible to attend two meetings this year.

The Steering Group has proven to be enduring but its potential is not realised and it has struggled at times to be relevant. Topics discussed included the gender pay gap, the 'higher performance higher engagement' initiative, and a 'worker participation, framework agreement following the passing of the new health and safety legislation last year.

National Bipartite Action Group (NBAG) meetings

NBAG is a national body of health unions and DHBs that meets face to face or by teleconference every two months. The Association is normally represented at these meetings by Senior Industrial Officer Lloyd Woods, and he will chair the meetings in 2019.

Bipartite Action Groups are similar to the Joint Consultative Committees (JCCs) and were established in each DHB for the other CTU health unions. We do not normally attend local DHB BAG meetings.

The DHBs are theoretically represented at NBAG by a Chief Executive, Director of Allied Health, Director of Nursing, Human Resources General Manager, Chief Operating Officer and Chief Medical Officer with administrative support and input from DHB Shared Services. Union representatives attend from NZNO, NZRDA, and APEX, E tū, PSA and the Association. 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. They are looking for replacements for these vacant positions. Face-to-face meetings have the most value, and contentious issues are often discussed.

Work of note in the past year includes continuing work on matters such as a joint approach to bullying and harassment, health and safety issues, payment of annual leave, and requirements for health and safety committees, issues to do with wellbeing and good faith (or the lack of it) by DHBs in bargaining.

There has been some frustration about the lack of action at some points but these have been addressed recently and we expect a more useful output in 2019.

Health Sector Directions Forum meetings

Under the auspices of the Health Sector Relationship Agreement, Health Directions Forums are organised at least annually. The Association attended this year's Forum half-day in August with a focus on 'responding to health demand'. Director of Policy & Research Lyndon Keene opened the forum, speaking about the drivers of health demand and unmet need. He highlighted evidence from New Zealand and overseas that the pressure on hospital services has continued to increase, despite improved access to primary care and a strong policy focus on prevention. Other speakers included Professor Joanne Baxter (University of Otago) on Māori health need, recently appointed Director-General of Health Ashley Bloomfield on his priorities for the health sector, and Claire Austin and Emmanuel Jo from Health Workforce New Zealand and the Ministry of Health respectively on their work using data to map health demand.

"Now that I'm only working a couple of days a week, you know, I can really enjoy it while I'm there, enjoy the adult time, enjoy the satisfying interactions with patients…and have a good relationship with my colleagues."

International meetings

Tri-Nation Alliance Medical Symposium

The Association attended the Tri-Nation Alliance Medical Symposium in Sydney earlier this year, represented by the Executive Director, Deputy Executive Director, Director of Policy and Research, and Principal Analyst. This is an annual event alternating between Melbourne and Sydney (although the 2019 conference will be held in Auckland) which focuses on issues to do with doctors' well-being and how this relates to providing quality care. It is organised by the Royal Australian and New Zealand College of Psychiatrists, the Australian and New Zealand College of Anaesthetists, the Royal Australasian College of Physicians and the Royal College of Physicians and Surgeons of Canada. It enables us to keep up with trends across the colleges and profession in three different countries.

This year's programme discussed health and well-being issues for doctors throughout their professional lifespan, with presentations relating to medical students, doctors in training, older doctors, and doctors nearing the end of their careers.

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). This year he was only able to attend the second meeting in September (Sydney). He has also held face-to-face meetings with others during these trips to discuss issues of common interest, and these have proved useful.

Executive Director's travel

The Executive Director attended the General Assembly of Marburger Bund and the German Medical Association annual conference in Erfurt in May 2018. Over the years, the Association has developed a longstanding constructive relationship with Marburger Bund, which is the union representing all salaried doctors (including specialists and resident medical officers) in Germany.

He also attended the third international conference of doctor unions in Portugal in September, followed by the World Medical Association Assembly in Iceland. Topics for the third conference of doctor unions included the medical profession and the right to strike, migration and working time, and medical residency challenges.

The Executive Director met with various individuals and organisations while on these trips, including Martin McKee from the London School of Hygiene and Tropical Medicine, Stella Dunn (and other industrial and policy staff) from the British Medical Association, Simon Kayll and Robert Hendry from MPS, Matt Dykes (economist) from the Trade Union Congress, and Armin Ehl from Marburger Bund.

"How can I be experiencing burnout when it looks like I have everything?"

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 2019.

Government health review

A key area of engagement for the Association and the Government in the coming year will be around the wide-ranging review of the health and disability system announced by Dr Clark. He wants the review to identify changes that could improve the performance, structure and fairness of the sector, and he has indicated there will be a strong focus on primary and community-based care. The review has also been charged with examining the impact of demographic and inflationary pressures on the health system and the resources required, as a result of those pressures, to deliver services into the future. The review is being chaired by Heather Simpson, former Chief of Staff to previous Labour Prime Minister Helen Clark, and with a background in health economics.

The National Executive has welcomed the review and sees opportunities to highlight issues important to members. The Executive Director met informally with Heather Simpson earlier this year to discuss the review's draft terms of reference, and she gave a presentation to the annual branch officers' workshop in Wellington in August this year. The Association has also written to Ms Simpson requesting that the review recognise the importance of public hospitals, the impact of years of funding cuts for public health and long-standing specialist shortages, and asking that the review considers the full continuum of care rather than a narrow focus on primary care.

Initiative for a safe staffing accord

The National Executive decided in August to advocate for a safe staffing accord with the Minister of Health and all DHBs. If agreed, this would aim to develop a sustainable senior medical and dental workforce in DHBs and would also enable the provision of distributed clinical leadership. The opportunity to advocate for such an accord followed one developed for nurses, and the Association sees a similar need for our members.

It would build on earlier advocacy by the Association which resulted in the *Business Case* developed jointly with DHBs (https://www.asms.org.nz/wp-content/uploads/2014/07/The-Business-Case-Nov-2010.pdf). Building a sustainable SMO workforce and enabling distributed clinical leadership have been critical goals of the Association for a number of years, and they are fundamental to the Association's ongoing strategic direction.

The National President, Vice President and Executive Director discussed this initiative with the Minister of Health on 6 September. The Minister responded positively. The Executive Director is involved in informal discussions with the DHBs at a national level and these are expected to continue before Christmas.

The accord initiative is a major subject for Annual Conference and is expected to be a high priority for the Association next year.

Proposed mechanism to discuss medical workforce issues

At its August meeting the National Executive decided to invite the New Zealand Resident Doctors' Association (NZRDA) and the 20 DHBs to a meeting to discuss establishing a national process to consider matters relevant to the employed senior and resident medical and dental workforce. This grew out of discussions in the latter stages of the MECA negotiations for our DHB-employed members last year. After expressing initial interest, the DHBs then lost interest. But it has re-emerged as issues have arisen to do with the implementation and impact of Schedule 10 of the RMO MECA.

While the RDA responded positively to our initiative, the DHBs declined it, arguing that they wanted to address Schedule 10 issues in the MECA negotiations with the RDA before they might consider it. This was disappointing, particularly as we were looking to discuss the complexities of rostering in an apprenticeship training system and instead endeavour to resolve unintended consequences in a more measured process. Following this non-acceptance, the new Director-General of Health has advised of his intention to call for a meeting. The Association welcomes this but is concerned that this could lose the sharper focus we were seeking and become an inconclusive 'talkfest'.

Reform of the State Sector Act

The Association gave feedback to the State Services Commission on behalf of the Minister of State Services on the discussion document *Reform of the State Sector Act 1988 Directions and Options for Change*. The main issue for our members was to ensure that the insertion of purposes, principles and values into a proposed new act did not then discourage senior doctors and dentists from speaking out in defence of the public health system and their patients.

Employment Relations Act changes

The Association made a submission to the Education and Workforce Committee on the Government's planned changes to the Employment Relations Act. We supported:

- paid time for union delegates to represent employees
- repeal of the requirements about union access to workplaces
- a duty of good faith - requirement to conclude bargaining
- reinstating the advantage for unions in initiation of bargaining
- preventing employers being able to choose to 'opt out' of bargaining for a MECA
- collective employment agreements to include salary rates
- employees to receive union information

- reinstate the ’30-day rule’ – reinstate union information to new employees which puts new employees on the conditions of an existing collective agreement for the first 30 days of their employment
- remove the employer right to partial salary deductions for ‘partial strike action’
- prevent discrimination on the grounds of union membership
- removal of the 90-day ‘fire at will/fire at whim’ legislation.
- strengthening conditions around continuity of employment when a ‘business’ is sold
- strengthening rights to rest and meal breaks
- restoring reinstatement as the primary remedy for unfair dismissal
- encouraged the Select Committee to change the test of justification for dismissal.

The Deputy Executive Director Angela Belich and Industrial officers Steve Hurring and Sarah Dalton appeared before the Committee to speak to the submission.

The ACC dispute – strike action

We have 41 members at ACC working as medical advisors. Negotiations on a new collective employment agreement were difficult and protracted over 10 months, culminating in notification of strike action (five days in total). In addition, ACC proposed the disestablishment of all of our members’ positions, resulting in ASMS taking an injunction and subsequent action. After two successful days of strike action, including pamphletting the ACC headquarters, we eventually met and resolved the various issues. We successfully ratified the new collective agreement and, despite the threats of disestablishment, none of our medical advisor members were disestablished or lost their jobs.

There is no doubt that strike action was central to our success in both the negotiations and fight against job losses. It was only the second time that ASMS members have been on strike and our members are to be congratulated for their resolve.

ASMS Deputy Executive Director Angela Belich and Senior Industrial Officer Lloyd Woods hand out pamphlets at ACC.

Forensic and coronial pathology

Coronial pathology services are the responsibility of the Ministry of Justice. Coronial pathology undertaken by anatomic pathologists is provided by about 37 dispersed independent contractors. Forensic pathology is provided through a national service operated by Auckland DHB which engages seven pathologists, six as employees and one as a contractor. Four are based in Auckland, one in Palmerston North, one in Wellington, and the other (the contractor) in Christchurch. It is an integrated service that functions well, despite being understaffed.

For some years now, the Ministry of Justice has been running a procurement process which it said would improve coronial pathology services, but which would also break up the national forensic pathology service into partly privatised, regional providers. The Ministry has persistently refused to engage meaningfully with the seven forensic pathologists who are (a) most affected and (b) have the skills and knowledge to support an effective co-design of forensic pathology services across the country. In contrast to this process, the Ministry of Health worked collaboratively with providers to co-design the new peri-natal pathology service.

ASMS supported members over several months, largely through letter writing and attending meetings – with Ministry officials, the Minister of Justice, and the Prime Minister's office – and most recently through official information requests and a media campaign.

As the dispute has continued, aside from the fragmentation and partial privatisation of an integrated national service, a key issue is that changed college training requirements (ie, from now only forensic pathologists trained to undertake post-mortems) means that the workforce required to make the Ministry's model work will increasingly from five to seven years no longer be available.

In short, none of our efforts appear to have borne fruit. From September 2018, forensic pathology was to be divided into four regions, with at least one region covered by the private provider (Communio) whose tender has been accepted.

Taranaki DHB: laboratory service; anaesthesia being brought in-house

Taranaki DHB has decided to bring its anaesthesia service back in-house. The service was controversially semi-privatised in 2000 under then Minister of Health Annette King, when 70% of the anaesthetists were allowed to form a company and sell their services back to the DHB.

The current Minister of Health has indicated to the DHB that he expects there to be less reliance by DHBs on externally provided services. This follows the Association's recent efforts to prevent the privatisation of the hospital laboratory service.

In 2017 the Association discovered that the Taranaki DHB had decided to privatise its hospital laboratory service and was commencing a tendering process. There had been no consultation with the Association as required under Clause 53 of the MECA. The Association commenced legal proceedings for breach of contract. After efforts by the Association, the Minister of Health intervened, refusing to grant permission for the contracting out. His consent was required because it involved private use of a public facility. But the Minister also made it clear he wanted less reliance on externally provided services.

The anaesthesia service has operated in a split public/private model since 2000, with directly employed SMOs becoming a majority over time. The split has caused tensions with directly employed staff having less control over working arrangements than the private company. The decision to bring the service in-house will involve offering new employment contracts to the external anaesthetists.

This follows a recent decision two years ago to bring the radiology services in-house due to the DHB's concerns over managerial and quality control. The radiology service had been privatised in the late 1990s.

'High Performance High Engagement' (HPHE)

The 'high performance high engagement' initiative was reported to Conference in last year's Annual Report. The underlying principle is that by improving workforce engagement (especially when unionised), performance improves. However, the particular approach (HPHE) being promoted in DHBs is highly structural and transactional. It also requires the use of a specific consultancy (H2). The National Executive decided last year not to be involved in HPHE for several reasons, including our focus on lower transactional continuous quality improvement. HPHE is under the umbrella of the HSRA Steering Group where a HPHE framework agreement has been developed. However, there is a spectrum of positions within the union participants, with the PSA and ASMS at opposite ends. There is a general lack of interest from DHBs. Until recently at least the Ministry of Health has been supportive.

Since last year's Conference, further concerns have arisen which the Executive Director raised with the Steering Group and reported to the February Executive meeting. These included concerns over the potential for HPHE to be used to avoid the engagement and consultation requirements of our MECA.

The Executive endorsed his concerns, resolved to refuse to accept HSRA Steering Group decisions that constrain our ability to report back on issues to our members or our ability to advocate our views on them in various quarters (in this instance, on HPHE), to remind DHBs to respect the engagement obligations and rights under the MECA where they might be affected by HPHE initiatives (the Executive Director wrote to all chief executives), and to reaffirm the promotion and advocacy of distributed clinical leadership as a major Association priority.

Despite around two years of intensive advocacy, 'HPHE' has only been attempted at one small DHB (South Canterbury) without success and with an undermining of our MECA engagement obligations and rights. The future of HPHE in South Canterbury is uncertain, particularly as Ministry of Health funding has ceased. There is no indication of any other DHB intending to introduce it. It has been a considerable distraction and we can't rule out a top-down attempt to implement it in another DHB.

CTU employment relations exemplar

The Association is represented on the CTU National Affiliates Council and attends regular meetings. Executive Director Ian Powell attended a Council meeting in May while Industrial Officer Steve Hurring attended another meeting in September. Topics of discussion in the past year have included employment law reform, the role of unions in health and safety, and the future of work.

Following the formation of the Labour-led coalition government late last year, the CTU took a positive initiative proposing a model exemplary employment relations practice in the state sector. The CTU's draft proposal was considered by the National Executive at its February meeting. While welcoming the initiative, the Executive raised concerns over the initial marginalisation of ASMS in the development of the proposal (linked to differences over HPHE) and with two sections in the draft involving a narrow and negative definition of 'legitimate' unions and HPHE. The Executive Director informed the state sector unions (including the education unions) affiliated to the CTU of these concerns. Subsequently, the Association (through the Executive Director) has become involved in the otherwise positive initiative. Useful progress has been made and the Executive's two concerns have been satisfactorily addressed. Substantive discussions with the State Services Commission and the CTU state sector unions are continuing.

Professional Behaviours Taskforce

The ASMS has been represented on this workforce since its inception. Originally it was known as the 'Bullying Taskforce' then as the 'Unprofessional Behaviours Taskforce' and now it has segued into 'Professional Behaviours'. We have concentrated on the medical workforce although we have considered widening the scope on several occasions. The work that has been done has a scope beyond just medicine, and projects such as investigating new ways of dealing with unprofessional behaviour have been DHB-wide.

This group has representatives from across the sector, with the Association and the NZRDA at the forefront. Meetings have been infrequent but are likely to increase in 2019 as we work on more projects or agreements to minimise problematic behaviour.

"I put all my energy into my work day just to keep up with the onerous amount of paperwork that comes with my particular role, and even so, never seem to be quite on top of things."

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:

- Workforce design and the impact on employee health
- The results of the ASMS survey on bullying
- Compliance with breastfeeding obligations under the 2008 amendment to the Employment Relations Act
- Workforce and other resource implications of the Substance Addiction Compulsory Assessment and Treatment Act 2017
- Checking implementation of the MECA salary increases
- Discussion on the timeliness of clinical follow-ups and other unmet patient needs in the context of each DHB's defined population.
- Discussion on whether the rise of acute demand is outstripping the growth of each DHB's defined population and, if so, the clinical, workforce and other resource implications.
- Clarifying the MECA clause on professional development review, including consistency with College requirements
- Monitoring compliance with the new RMO MECA requirements and implications for SMOs
- Preparing for pending nurse strikes
- Requesting a full list of all formal review underway, including those that are sub-regional, regional or Board-initiated
- Follow-up on the application of the new well-being provision in the MECA.

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 (two) – well-attended by SMOs. Topics included wellbeing, clinical IT systems update, the LTIP, Capital Plan, fraud, and Changing Minds.
- Canterbury – very well attended by SMOs with a number of 'short sharp' presentations including building redesign, IT systems, clinical engagement and various DHB projects.
- Counties Manukau – poorly attended due to a failure to cancel non-emergency scheduled clinical activities and an absence of recognition that it was a joint activity with ASMS. However, the presentations were of good quality. Topics were well-being, reframing rules and regulations, and the DHB's future direction.
- A workshop is anticipated for West Coast DHB in November or December.

"I often say to trainees, do not rush your training. There is no point rushing your training. Like you'll find it so much easier if you just do more stuff, take your time, get the hang of it."

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 (Waikato, Bay of Plenty, Lakes, Tairawhiti and Taranaki DHB regions), Sarah Dalton (Auckland and Northland DHB regions), Dianne Vogel (Canterbury, South Canterbury and Southern DHB regions), Ian Weir-Smith (Hawkes Bay, MidCentral, Whanganui, Wairarapa, Hutt Valley and Capital & Coast DHB Regions) and Phil Dyhrberg (Waitemata and Counties Manukau DHB regions).

Bullying and harassment/unprofessional behaviour

The Association has been proactively dealing with issues relating to bullying and harassment for some years with publication of our first *Standpoint* on these issues in 2011. This past year has seen approximately 30 cases where industrial officers have played a role in supporting complainants and/or advising members with complaints made against them. These are very time consuming and obviously very important.

Part of that response was our support for the Cognitive Institute programmes that some DHBs have begun to roll out. These programmes aim to stop unprofessional behaviour before it becomes a problem. The Association has been encouraging other DHBs to roll out these programmes.

Unfortunately, we are still seeing DHBs using overly prescriptive and destructive procedures (generally through the complaints and discipline policies) to deal with complaints and these hardly ever leave any of the parties concerned satisfied at the end of the process. The industrial officers are now considering how to deal with complaints better, with a particular interest and focus on the concepts of restorative practice. Two DHBs used restorative practice as an option and we expect, given the success at those DHBs, to see more DHBs follow suit.

Job offers

ASMS industrial officers advised 97 prospective employees on their offers of employment, before they accepted and took up their new appointments. This included one non-DHB appointee and 26 international medical graduates (IMGs).

Job sizing

Job sizing continues to be a major part of our industrial officers' work with 29 job sizes underway at the time of writing. These are seldom straightforward. A 'snapshot' of a department's job size or workload at a given time may be completed within a few months but most go on for longer periods. Many job size reviews will be extended and complicated by 'negotiations' to recruit more staff; the wishes of some SMOs to reduce their hours of work or call; staff turnover and management changes and proposals to change the model of care. Job sizing is very important and relentless given the extent of shortages and increasing clinical demands. Unfortunately, where management is obstructive or procrastinates, it can also become time consuming, stressful and frustrating for members in particular. It is hoped that the Association's staffing accord initiative will help address this.

Vocationally registered "fellows"

In the year under review, our industrial team has challenged a number of DHBs that employ vocationally registered specialists positions, often for a fixed -term, as fellows on the medical officers scale. In most instances these members are now paid correctly on the specialist scale. The other issue is fixed term employment for reasons other than completion of training and where the tasks undertaken are ongoing.

We are currently taking a claim to the Employment Relations Authority on behalf of a member in one of the surgical sub-specialties where the DHB has resisted correcting their misinterpretation of the MECA and continues to assert that the vocationally registered doctor should be paid on the medical officer's scale.

Major personal cases

Major personal cases are those that take a greater than normal amount of time (excluding bullying cases as discussed elsewhere). Often outside legal support or involvement with the MPS is necessary and/or the matter goes to formal mediation.

Issues relating to prolonged sick leave, clinical competence or health concerns (including those related to mental health or addictions) are most common in this area.

As of the end of October 2018, the industrial team was working on about 30 of these cases.

Negotiations for clinical directors at Southern DHB

Following concerns raised by a number of clinical leaders, and in particular from Invercargill, ASMS approached the DHB to seek fair, equitable treatment of these positions.

Some clinical leaders were receiving a payment while others received some form of time release and still others received neither. Perhaps only two clinical leaders received both a payment and time release.

With full input from the clinical leaders, we negotiated a template to provide both an allowance and time to do the job based predominantly on service size and if the service was district-wide.

Six months have passed and at the time of writing there are still 9 clinical leaders out of 44 that are not settled. although none as yet have received the appropriate backpay.

Locums and use of fixed term contracts

The industrial team has come across a few instances of a locum agency picking up on DHB advertisements for permanent roles, signing up American candidates and then offering them to the DHB for fixed term contracts. The locum agency is then offering SMOs less than MECA rates, less CME, less annual leave, etc.

When this has come to our attention, we have informed candidates that such arrangements are contrary to the MECA and Employment Relations Act. We have also used the regular JCC meetings with DHB chief executives and senior managers to alert DHBs to the issue, and reminded members who serve on appointment panels to ensure that candidates from the USA fully appreciate the meaning of 'fixed term' in New Zealand employment law.

Nurses Strike

We were unsurprised to find that members of the New Zealand Nurses Organisation (NZNO) were forced into industrial action to win an acceptable proposal to conclude their MECA negotiations. We supported NZNO in principle, although clearly such action poses considerable challenges for DHBs and ASMS members. We provided advice to members over this difficult time.

"(Having children) has made me…respect our registrars who have got kids, because I couldn't do it and (now I) understand what they're going through."

Retirement gratuities

The Association is challenging Bay of Plenty DHB's refusal to honour a retiring gratuity provision arising from the expiry of the 1991-1992 New Zealand Area Health Boards Senior Medical Officers' Award. While most DHBs have clear provisions in collective agreement, a number of Crown Health Enterprises in the early 1990s individualised these provisions. The majority of DHBs continue to recognise grand-parented retiring gratuities provisions where applicable.

This matter is set before a full bench of the Employment Court. The Association hopes this case will resolve several outstanding retirement gratuities issues across different DHBs, particularly with regard to prohibitions on private practice post-retirement in the context of retiring gratuity grants.

The NZNO recently lost its retiring gratuity case against Waikato DHB, where it was found that retirement meant ceasing "regular paid employment". The Association is challenging that proposition.

Privacy

The Association has still not resolved a problem at Waikato DHB where its human resources department intercepted and used a confidential communication between an SMO's private specialist and the DHB's occupational health physician. The DHB continues to deny any wrongdoing. ASMS has commenced an action in the Human Rights Review Tribunal seeking compensation for the SMO and a ruling regarding the DHB's systematic breaching of employee privacy in respect of occupational health medical records.

The issue has wider implications, with a number of DHBs not having a medically-led internal occupational health service, nor adequate protections for staff medical information. In such DHBs, occupational health nurses often report directly to HR managers. This creates barriers to members raising health issues or having confidence to share information when returning to work after an illness. The Association is preparing to engage with DHBs to promote a consistent approach in these matters based on occupational health guidelines of the Royal Australasian College of Physicians.

Holidays Act Compliance

The Association is a member of the joint CTU-DHBs working group investigating DHB compliance with Holidays Act obligations, following discovery of problems at other crown entities. The working group has so far focused on general interpretation issues, with DHBs so far not fully disclosing whether their payroll systems comply with the Holidays Act. There have been some delays due to DHBs prioritising other financial accounting issues.

Mapping

The industrial team has been leading a project to develop a database that will support workplace mapping. This involves the regular surveying of departments to identify senior doctors and dentists working there, identify key contacts and gather basic information about staffing levels and employment conditions. This mapping work will help the Association build membership, solve industrial problems and collect data which can then be aggregated at a national level for our broader work in research, advocacy and communications. One of the problems we currently encounter involves new SMOs employed for a period of time, unaware that they are not members of the Association. The mapping database will help identify these.

Case management system

The industrial team is trialling a new case management system. Early signs are that this system is easy to learn and use, flexible, and well-suited to the type of work we do. It is likely that, by the end of 2018, we'll be ready to bring the whole industrial team on board. It has its own in-built document management system, which is greatly assisting the industrial officers in their work.

Although the main advantages lie in supporting industrial officers to manage caseloads, the case management system also has the potential to streamline internal and external reporting.

"You can't do everything (but) we try to do everything."

IMPLEMENTATION AND ENFORCEMENT OF THE DHB MECA

Recovery time (13.6)

Clause 13.6 of the MECA requires services that operate an after-hours' call roster to have agreed arrangements in place to allow SMOs to have an adequate break following periods on call, ensuring that the SMO is not too fatigued to commence work.

The industrial team has been identifying rosters that have agreements in place, rosters that do not and are 'high-risk' and other rosters where the risk is not so great. We are checking with members in these areas for how best to get agreements in place and developing a strategy to ensure that services do the work necessary to comply with Clause 13.6 before 31 March 2020 as required.

Safe shift systems (19.3)

'Safe shifts' (clause 19.3) is another large project covering most emergency departments, intensive care units and a few other services where shifts are in place. Whereas the responsibility for the recovery time arrangements lies predominantly with the DHBs, it lies very much with 'the parties' for the safe shift project. That means that ASMS and DHBs must jointly review these shifts. This project is all about the "safety of shift rostering practices" and will revolve around the safety of SMOs with regard to fatigue and burnout, but also 'safety' includes rostering practices to ensure sufficient staffing, etc, to ensure clinical safety too. The industrial team has already identified a shift at each DHB for first action and will be working from there. This too must be completed by the end of March in 2020.

Medical officers on the specialist scale (12.2(f))

We have successfully negotiated a number of medical officers onto the specialist scale, following the inclusion of new clause 12.2(f) in the MECA:

> *12.2* ***Advancement through Salary Scales***
> …
> *(f) In exceptional circumstances, subject to the agreement of the Chief Executive and the Chief Medical Officer, a Medical or Dental Officer may be placed on the specialist scale.*

We have recently had a dispute with Taranaki DHB which followed incorrect advice from Central Technical Advisory Services (TAS – a shared services agency whose role includes promoting employment relations advice and advocacy to the 20 DHBs) to the effect that following placement of medical officers on the specialist scale under this clause, there was no right of progression up the specialist scale.

Following the intervention of the DHBs' national GMs-HR Committee, the matter has been resolved in favour of the Association's interpretation. Medical officers placed on the specialist scale will advance annually.

Parental leave (28)

We have started legal action against Bay of Plenty DHB in a dispute concerning the commencement date of the new 14-week full pay top up provision (Clause 28.2 of the MECA) for those SMOs who were on paid parental leave at the commencement date of the new MECA.

We are currently in mediation in this dispute. Central TAS is representing Bay of Plenty DHB.

SMO well-being (Preamble to the MECA)

The well-being clause has been discussed at all the regional and national JCC meetings, with positive engagement from most DHBs. The DHBs have launched a workplace well-being website, which includes ASMS' publications amongst its resources (https://tas.health.nz/strategic-workforce-services/workforce/workplace-wellbeing). Several DHBs now have structured well-being committees and/or programmes in place. The focus is gradually moving from one that is reactive and individually-focused to a wider engagement and a focus on organisational approaches. However, this work is in its early stages and will take some time to develop and embed.

"I think if there's a culture where it's okay to be sick…it makes you feel better that maybe someone will (cover) for you."

ACTIVITY IN THE NON-DHB SECTOR

The Association offers membership in non-DHB areas as a service and to ensure that non-DHB doctors and dentists are paid suitably, with good conditions.

There are now approximately 240 Association members employed outside of DHBs. This number is increasing each year, and there is considerable scope to grow. Notably, this equates to more members employed in the non-DHB sector than in our five smallest DHBs combined.

We have increased to 19 collective agreements overall, with another one proposed and we are recruiting in other areas.

Other collective agreements

- Hospice MECA – ASMS now covers 14 hospices and 52 members across New Zealand in the MECA, with one still in a separate collective agreement. A collective agreement for a 16th hospice should be negotiated this year.
- Ngati Porou Hauora – this is a long-standing collective agreement but is difficult to renegotiate because of high doctor turnover.
- Wellington Southern Community Laboratories – we signed off the new collective agreement for our 11 WSCL members who had previously worked at Capital & Coast or Hutt Valley DHBs. This was a difficult task, but we gained a good outcome and members were pleased.
- Family Planning – with 23 members, this is another important collective that was eventually successfully re-negotiated, but only after a threat of legal action. We fear the comparatively poor conditions at Family Planning may be because the workforce there is female, and we are considering some equity work for our members.
- Te Runanga o Toa Rangatira – this is our largest Iwi collective agreement, with 21 members. Based primarily in Porirua, our members provide a much-needed service. Unfortunately, negotiations (ongoing) have been difficult, primarily as we try to include our two dentist members as covered by the CEA. Mediation is required and will take place before December 2018.
- 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 5 in the Christchurch centre.
- At the time of writing, the following non-DHB collective agreements are under negotiation:
  - Ngati Porou Hauora
  - Hokianga Health Enterprise Trust
  - Balclutha Hospital (new CEA)
  - Christchurch Union and Community Health
  - Wellington Primary Health
  - Te Runanga o Toa Rangatira.

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.

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 Lyndon Keene and Principal Analyst (Policy and Research) Charlotte Chambers. Dr Chambers was on six months' leave during this year.

This year's work continues to build on the work of previous years with the aims of collecting greater intelligence on the SMO workforce and health service pressures. This provides an evidence base for advocating for better health policy as well as better workforce policy, and has become a valuable resource for supporting DHB MECA claims.

Research Briefs

- **Capital charges on DHBs**: this *Research Brief* asks if DHBs should pay a capital charge and concludes that there is a strong case for the charge to be abolished. https://www.asms.org.nz/wp-content/uploads/2018/05/Research-Brief-Capital-Charge_169877.2.pdf

- **Breastfeeding on returning to paid work**: this *Research Brief* examines the issues that breastfeeding doctors may face upon their return to paid work if they wish to continue breastfeeding. https://www.asms.org.nz/wp-content/uploads/2018/06/Breastfeeding-research-brief_170113.1.pdf

- **Survey of heads of department on SMO staffing needs**: these surveys are being undertaken in selected DHBs to determine SMO staffing needs. Surveys have been carried out in Hawke's Bay and MidCentral DHBs (2016), Capital & Coast, Nelson Marlborough and Counties Manukau DHBs (2017), Canterbury and Waitemata DHBs (2018). *Research Briefs* on each survey finding are available on the Association's website: https://www.asms.org.nz/publications/researchbrief/

Health Dialogues

- **Path to Patient Centred Care:** Discussion on the potential benefits of patient centred care and what needs to happen to truly achieve it. https://www.asms.org.nz/wp-content/uploads/2018/03/Patient-Centred-Care-Health-Dialogue-WEB.pdf

Surveys

- **ASMS annual salary survey**: this analysis reports on the placement of senior doctors and dentists on the salary scales of the DHB MECA as at 1 July 2018.

- **Survey on non-clinical workspace**: Burwood Hospital SMOs were surveyed on their views of their new non-clinical work environment, as a follow-up to a survey done in 2016. https://www.asms.org.nz/wp-content/uploads/2018/10/Burwood-followup-survey-report-2018_170248.3.pdf

- **Pilot survey on gender pay equity**: ASMS conducted a pilot survey of randomly selected members about gender pay equity in the SMO workforce. The aim was in part to test the survey design and to understand if a larger scale survey is warranted.

- **'Snapshot' survey on Schedule 10 of the RMO MECA:** A 'snapshot' survey of DHB-employed members was carried out in October 2018 to gauge members' knowledge of Schedule 10 of the RMO MECA. It found most respondents had not read Schedule 10 and those that were aware had gleaned their information from informal sources. This is the Association's second 'snapshot' survey. The first was on Waikato DHB members views on the consultation process for the former new medical school initiative in October 2017.

Submissions to government agencies

- The Governance and Administration Select Committee on the State Sector Crown Entities Reform Bill: https://www.asms.org.nz/wp-content/uploads/2018/04/Submission-Crown-Entities-Act-Amendment_169654.2.pdf

- The Health Committee on the Health Practitioners Competence Assurance Amendment Bill: https://www.asms.org.nz/wp-content/uploads/2018/04/HPCA-Act-Amendment-Bill-submission-2018_169688.2.pdf

- The Social Services and Community Select Committee on the Child Poverty Reduction Bill: https://www.asms.org.nz/wp-content/uploads/2018/04/Child-Poverty-Reduction-Bill-submission_169693.2.pdf

- The Foreign Affairs, Defence and Trade Committee on the Comprehensive and Progressive Agreement on Trans-Pacific Partnership (CPTPP): https://www.asms.org.nz/wp-content/uploads/2018/04/Submission-to-the-Foreign-Affairs-Defence-and-Trade-Committee-on-the-Comprehensive-and-Progressive-Agreement-on-Trans-Pacific-Partners_169784.2.pdf

- The Tax Working Group on the review of taxation policies: https://www.asms.org.nz/wp-content/uploads/2018/05/Submission-to-the-Tax-Working-Group_169851.3.pdf

- The Chair of the Government's Health and Disability Sector Review on the draft Terms of Reference for the review: https://www.asms.org.nz/wp-content/uploads/2018/08/Letter-on-Draft-Terms-of-Reference-Health-and-Disability-Sector-Review_170187.3.pdf

- The 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

- The Ministry of Foreign Affairs and Trade on the 'Trade for All Agenda': https://www.asms.org.nz/wp-content/uploads/2018/10/Submission-to-the-Ministry-of-Foreign-Affairs-and-Trade-on-the-%E2%80%98Trade-for-All-Agenda%E2%80%99_170758.2.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

Other activity

- Health Budget analysis: as with previous years, pre- and post-Budget analyses of Vote Health were undertaken in partnership with the Council of Trade Unions. The 2018 Budget was the first in nearly a decade to meet the coming year's estimated spending requirements. The health vote, however, remains very tight.
- Research team activities have included presentations and attendances at various national and international conferences and workshops related to specialist workforce issues, including disseminating our 2017 research on bullying prevalence at Victoria University's Health Services Research Centre and the 2018 Labour, Employment and Work conference.
- Regular articles and analysis for the Association's quarterly magazine, *The Specialist*.

Work underway

- **Can better access to primary care relieve pressure on hospitals?** The Government wants more focus on primary care, illness prevention and health promotion to take pressure off hospital services but evidence from New Zealand and overseas suggests that may not work.
- **Assessing the adequacy of the senior medical officer workforce trends**: SMO workforce shortages have been well documented. This *Research Brief* examines key aspects of SMO workforce trends, including projections, to assess whether the situation is improving or getting worse.

COMMUNICATIONS

The Association's communications work is carried out by Director of Communications Cushla Managh and Communications Advisor Lydia Schumacher. From mid-November 2018, Eileen Goodwin (former *Otago Daily Times* health journalist) has joined the communications team on a fixed term contract until 31 March 2020 primarily to help the Association prepare for the next MECA negotiations.

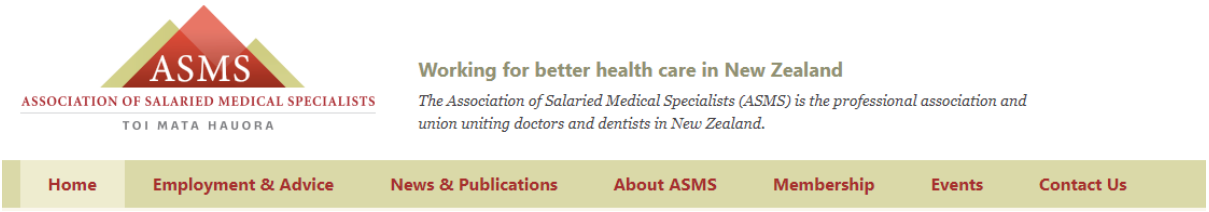
The Association uses a range of channels to communicate with members, health policy-makers, hospital managers, other organisations, and the public. These include our website, media releases and interviews, social media (two Facebook groups, Twitter, YouTube), publications, videos and photographs, and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

Media

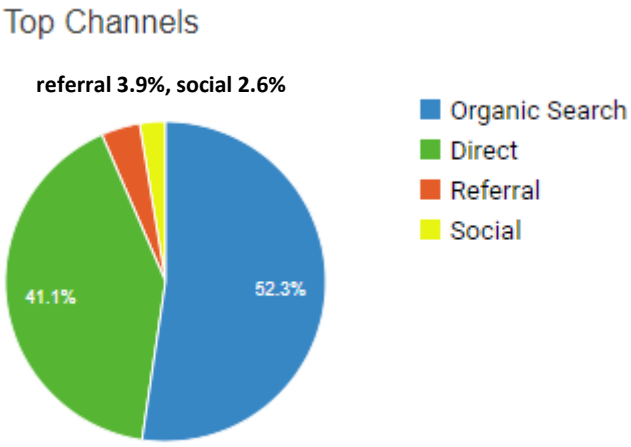
In the past year, the Association has sent out approximately 50 media releases on a wide range of topics, including the impact of international trade deals, bullying of senior doctors, hospitals struggling to cope with resource constraints and the ongoing impact on patient care, the Taranaki laboratory privatisation bid, Health Minister's letter of expectations to DHBs, ACC plans to reduce medical advisory staffing, abolishing the capital charge on DHBs, the vulnerability of the national forensic pathology service, increasing deaths from syphilis, and the need for more support and facilities for breastfeeding doctors. We have welcomed SFO scrutiny of spending by former Waikato DHB Chief Executive Nigel Murray, analysed the Government's Vote Health budget allocations, and promoted the findings from the Association's staffing surveys which have highlighted shortages.

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 2018, the website recorded 21,831 homepage visits, slightly up from last year's 20,281 visits. People found the website by directly typing in the web address, googling it, 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.



The website's homepage is viewed the most, followed by the ASMS DHB MECA, publications, MECA Clause 12, ASMS contact details, agreement and salary information, employment advice, information about the bargaining ballot and information about the national executive. On average Sunday to Thursday are the busiest days, with Friday and Saturday having the least number of views.

Weekly page views 2018

Social media

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

- ASMS Facebook page – we have 442 followers, up 79 followers from September 2017. Items of particular interest generate between 2000 and 3000 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. Most of our followers are from New Zealand, with a smattering of loyal fans also from Australia, United States and United Kingdom.
- 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 (ie, with a strong connection to New Zealand medicine). Only members can find the group, see who's in it and what they post. As at November 2018, the group had 4,522 members.

- Twitter – we have 341 followers, up 75 from this time last year. We use Twitter to re-post the Association's website items.
- 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 2017 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, two *Health Dialogues* (on bullying and patient-centred care), a *Standpoint* on bullying, a variety of *Research Briefs* (eg, on the capital charge, breastfeeding facilities, ASMS staffing surveys), a suite of electronic member newsletters (*DHB News', Directs, Executive Directs* and so on), submissions, appendices and strategy documents. Writing, editing and advice are provided as required.

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; ie, the Annual Conference and the Branch Officers workshop. At the 2017 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*.

We will provide communications support for the 2019 special anniversary conference in June, the branch officers' national workshop also in June, and the Association's Annual Conference at the end of the year.

Reputation and brand

The communications team monitored the Association's reputation externally (for example, through the news media) so we can respond if needed. We also ensured that our templates for publications and other documents continued to look professional and contemporary.

Strategic planning

The communications team provided advice and other input into the Association's internal planning to implement the strategic direction set by the National Executive.

"I see patient care compromised and the quality of the service being eroded. I feel ethically compromised every day."

ASMS NATIONAL OFFICE

Staffing and organisational matters

The national office is led by Executive Director Ian Powell, and comprises 18 staff (including a staff member on a fixed term contract) providing industrial, communications, policy and research, and support services. We engage additional support on a weekly basis to assist with financial accounting and reporting.

The Association dealt with proceedings in the Employment Relations Authority by an ex-employee who alleged constructive dismissal. The Authority heard and dismissed the claim, and the ex-employee did not exercise a right of appeal. The National Executive is particularly appreciative of the support given by other staff in bringing this matter to a successful conclusion.

Association finances

The result for the year to 31 March 2018 was a surplus of $374,031. This is a significantly better result that the budgeted deficit of $541,422.

The main reasons driving the better than expected result for 2018 include:

- Bargaining fees of $333,117 in the last few months of 2017 due to the MECA settling much earlier than expected. We had been conservative when setting the 2018 budget and did not expect any bargaining fee income until after March 2018. This does mean that the bargaining fee income expected in the year to 31 March 2019 will be less than planned.
- The increase in members after the MECA settlement also drove subscription income to $103,016 more than budgeted.
- Due to unfilled positions and other changes in the mix of staff, salary costs were $172,026 below budgeted levels.

The combination of positive factors set out above has accelerated the replenishment of the reserves that have been depleted in recent years. In concert with our accountancy firm Grant Thornton the National Executive has a better understanding of the cyclical rise and fall in both expenses and income aligned with the preparation for, negotiation of and eventual settling of the DHB MECA should enable more accurate forecasting of profit/loss in future.

Support services

Long serving Membership Support Officer Kathy Eaden retired in early 2018. She was a hardworking, meticulous employee and the most frequent point of contact in the national office for members. Her contribution was recognised at the Executive function for Jeff Brown and in a separate function with staff.

With the departure and without immediate replacement of two experienced staff members from late 2017, on the initiative of Deputy Executive Director Angela Belich, a review of the administration team was undertaken and it is now renamed the support services team.

By reviewing internal processes and empowering more members of the team we have enabled the team to function effectively and efficiently with one less staff member than before. This has helped resource the new fixed term position in the communications team.

The Association's support services team reports to Deputy Executive Director Angela Belich and comprises Manager Support Services Sharlene Lawrence, Senior Support Officer Maria Cordalis, Membership Officer Saasha Everiss and Support Services Administrator Angela Randall.

The support services team provides membership and organisational support for the Association, and is often the first point of contact for our members. It manages our membership database, ensures the day-to-day smooth running of the national office and provides support for the industrial, policy and research, and communication teams.

Specific projects in the past year have included:

- organising the 2018 Annual Conference and 2018 Branch Officers' workshop
- the review of the administration function and team
- managing the administrative processes around recruiting new members
- managing the election process for branch officers and national executive
- ongoing development of the membership database to simplify the data matching process
- assisting the industrial team with membership mapping to support recruitment
- assisting the industrial team with the implementation of a case management system
- supporting the Association's communications work by managing distribution of our printed publications
- ongoing work within membership to go paperless
- the review of accounting functions within the Association to streamline the budgeting/forecasting process and monitoring of fixed assets.

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 60 and the vacancies section has on average 800 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.

Donation to work remembering former CTU President

The National Executive decided in August to donate $6000 towards publication of a book about the life and work of former Council of Trade Unions President Helen Kelly, who died in 2016. She was very supportive of the Association over the years and a tireless campaigner for the rights of working people in this country. Awa Press has commissioned a book about Helen Kelly from highly regarded journalist Rebecca Macfie, perhaps best known for her 2013 book on the Pike River mining disaster.

LOOKING AHEAD

The priorities for 2019 will include addressing the precariousness of the senior medical and dental workforce in DHBs, planning and preparations for the next DHB MECA negotiations, continuing to support and advocate for our membership in non-DHB workplaces, strengthening our networks of members, effectively communicating the concerns of members and building further on our solid foundation of policy and research.

ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA