

# ASMS **ANNUAL** **REPORT** 2020



TOI MATA HAUORA

[www.asms.org.nz](http://www.asms.org.nz)



# CONTENTS

CONTENTS.....	1
WHO WE ARE .....	1
FOREWORD .....	2
NATIONAL EXECUTIVE AND BRANCH OFFICERS .....	3
MEMBERSHIP .....	7
KEY EXTERNAL RELATIONSHIPS.....	9
HEALTH SECTOR ADVOCACY AND RESPONSE .....	11
JCC MEETINGS AND SMO ENGAGEMENT .....	12
INDUSTRIAL AND ORGANISING ACTIVITY .....	13
POLICY AND RESEARCH.....	17
COMMUNICATIONS .....	19
ASMS NATIONAL OFFICE .....	22
ASSOCIATION FINANCES .....	22
LOOKING AHEAD .....	24



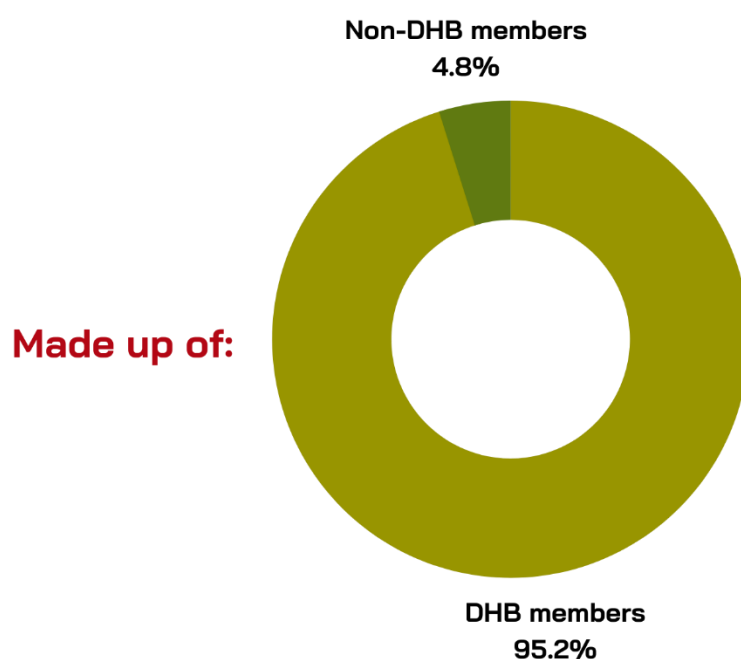
## WHO WE ARE

The Association of Salaried Medical Specialists Toi Mata Hauora is the union for salaried senior doctors and dentists. We promote, protect, and support the interests of our members in all aspects of their working lives. We also work for better health care by promoting the right of equal access for all New Zealanders to high quality public health services. We are proud of the work our members do in caring for the people of Aotearoa.

# 5215

# MEMBERS

(October 2020)



## FOREWORD

2020 will be remembered in New Zealand and worldwide as a defining year in history. Dominated by the Covid-19 pandemic, lockdowns, and restrictions, it has thrown up challenges for our members at the clinical coalface and for ASMS as an organisation. New leadership has brought change and transformation across many levels of the Association. It has been an unusual and very busy year, but one from which ASMS can take a lot of strength and success from, as we all move forward into 2021.

Some of the key work and events include:

- Sarah Dalton takes over as new ASMS Executive Director
- Retirement of Deputy Executive Director Angela Belich
- Curtailed MECA negotiations and swift settlement due to Covid lockdown
- Increased use of video conferencing and flexible work due to Covid restrictions
- Organisational strategy review
- First bi-annual full membership survey
- Membership hits 5,000 and continues to grow strongly
- Increase to industrial team capacity
- Strong advocacy work on Government health funding and policy, the funding and leadership crisis at Canterbury DHB, specialist staffing shortages, and health equity
- National Office renovations.

I am pleased to present this report to members.

Dr Paul Wilson

A handwritten signature in black ink, appearing to be 'Paul Wilson', with a stylized, flowing script.

**ASMS National Secretary**

## NATIONAL EXECUTIVE AND BRANCH OFFICERS

ASMS has a democratic structure with branches that predominantly align to DHB boundaries. Most branches are managed by an elected local committee which also selects delegates to attend Annual Conference. Annual Conference is ASMS' top decision and policy making body.

ASMS is governed by a National Executive which is made up of ten members who are elected every three years. The President and Vice-President are elected by national ballot, while the other eight representatives are elected by members within their region. We are coming to the end of the three-year executive cycle, with elections due in April 2021. There will be several vacancies and it is hoped to attract some enthusiastic new National Executive members.

The National Executive appoints the Executive Director who provides strategic direction and manages the operations of ASMS.



Murray Barclay  
President  
(Canterbury)



Julian Fuller  
Vice President  
(Waitemata)



Paul Wilson  
National Secretary  
(Bay of Plenty) Region 2



Andrew Ewens  
(Waitemata) Region 1



Julian Vyas  
(Auckland) Region 1



Annette van Zeist-  
Jongman  
(Waikato) Region 2



Angela Freschini  
(Tairāwhiti) Region 3



Nathalie de Vries  
(MidCentral) Region 3



Katie Ben  
(Nelson Marlborough)  
Region 4



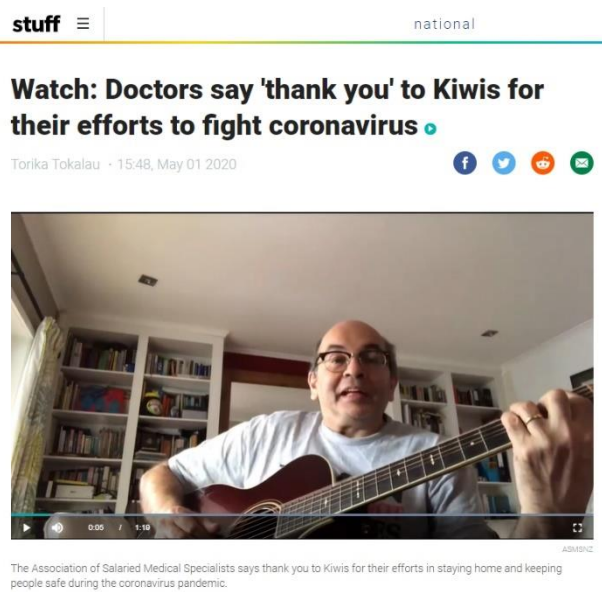
Seton Henderson  
(Canterbury) Region 4

The 2019/2020 year has been particularly significant for the National Executive. We navigated the first ever change of Executive Director in our history. We are very pleased with Sarah Dalton's leadership of the organisation and the work she has undertaken. We are using this leadership change to re-assess our direction and relationships with stakeholders, consciously taking a co-operative/collaborative approach wherever possible. ASMS is also continuing to provide leadership in the sector where appropriate.



## Covid pandemic

The Covid pandemic brought huge and unexpected challenges to our members, the health system, the office operations of ASMS and the MECA negotiations. ASMS actively provided support and advocated for the safety of members around issues such as PPE shortages, working hours and policies for vulnerable or at-risk SMO/SDOs. A decision taken last year to invest in high-quality video-conferencing equipment at National Office paid off with many meetings able to take place virtually. The Covid lockdown and travel restrictions resulted in significant budget savings in terms of staff and National Executive travel. National Executive members also led and took part in an ASMS-produced video thanking the public for their efforts during Covid, which went viral on social and mainstream media.



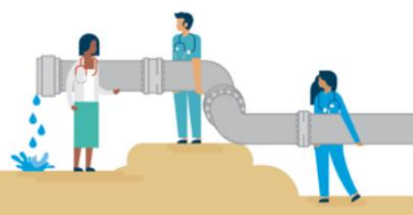
## Strategy and objectives

The National Executive spent two days refining ASMS' overarching strategy. It identified the two main objectives as improving and maintaining the working conditions of members, and advocating for a strong, fit-for-purpose public health system. Some of the drivers behind these objectives reflect concerns around long-standing underinvestment in health, DHB deficit pressure, understaffing, SMO burnout and huge unmet patient need.

## Workforce shortages

An agreed goal is to work to increase SMO/SDO numbers. ASMS is committed to influencing workforce planning and highlighting the impact of staffing shortages at Government, Ministry, DHB, individual department levels, and in the media.

This commitment is also reflected in the theme for the 2020 Annual Conference – *Building the Workforce Pipeline, Stopping the Drain* along with a key conference publication.



## Member feedback and surveys

A key objective of the Executive and National Office is to reflect the views of members accurately, especially in the public arena and in MECA negotiations. We have frequent feedback from members through the industrial team and from branch officers, but surveys are also very useful. We conducted our first bi-annual full membership survey, and we continue to look to other reliable methods for two-way engagement with members.

## Member wellbeing

Member wellbeing is a key driver in many of our initiatives and will continue to be a central focus in upcoming MECA negotiations.



## Gender pay gap

ASMS-contracted research has shown a large gender pay gap of 12.5% among SMOs/SDOs. We are working through the National Joint Consultation Committee and with DHBs to rectify this over the coming year.



## Organisational risk

The Covid pandemic has increased our focus on organisational risk. The Risks, Reserves and Investments Committee is developing an extensive risk register, including mitigating strategies. Alongside this, our IT arrangements have been reviewed and ASMS is moving to cloud-based data storage to improve staff access to files and data entry when travelling or working from home, in addition to reducing risk of data loss.

## Branch officers

Branch officers represent ASMS locally and provide the key link to the wider membership.

The Branch Officers' National Workshop was held on 26 August in Wellington. Due to Covid-19 restrictions in the Auckland region, a webinar option was offered so all branch officers could join in. The agenda included an address by barrister Gaeline Phipps who spoke about the right and duty of SMOs to speak out on issues of patient safety, along with rules for state sector employees around political statements during election time.

Branch officers also fed ideas into the strategy for the upcoming MECA negotiations and contributed suggestions on increasing member engagement at national and local level.

The mix of webinar and face-to-face delivery worked well, and we are looking at how we can improve management of questions and chat functions across all participants in future.

## ASMS Branch Officers

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

## MEMBERSHIP

Once again, membership has grown, with numbers hitting a new record for the 21<sup>st</sup> consecutive year.

As of 31 March 2020, membership numbers stood at 4,942 compared with 4,825 as of 31 March 2019. This is an overall increase of 117 (2.4%). During April 2020 while the country was in Level 4 Covid lockdown, we reached a membership milestone of 5,000 members.

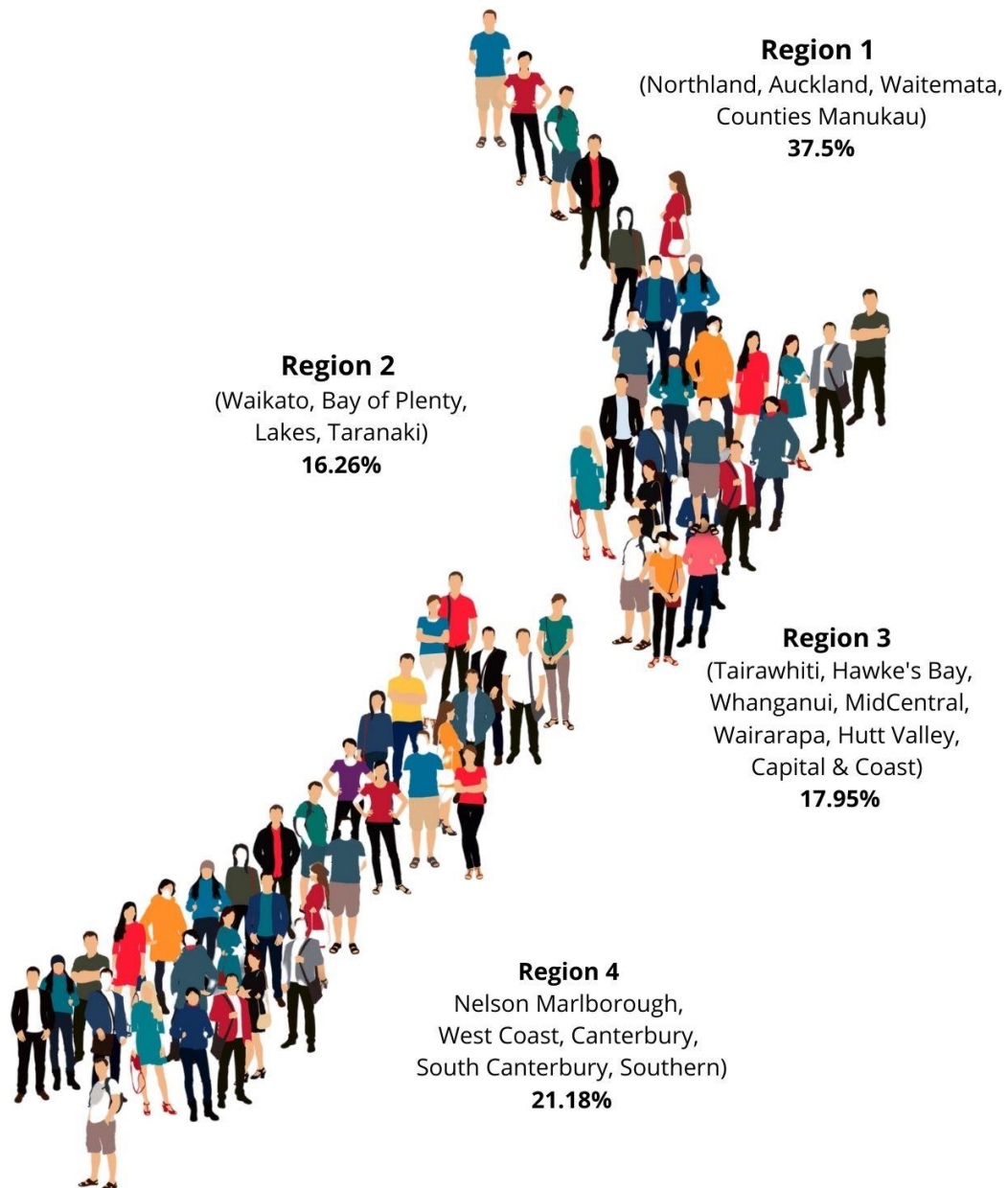
Annual membership increases over the past 20 years, since 1999-2000:

Financial year	Total members	Increase	% Increase
1999-2000	1,856	105	6.0%
2000-01	1,974	118	6.4%
2001-02	2,072	98	5.0%
2002-03	2,218	146	7.0%
2003-04	2,335	117	5.0%
2004-05	2,574	239	10.0%
2005-06	2,738	164	6.4%
2006-07	2,833	95	3.5%
2007-08	2,995	162	5.7%
2008-09	3,481	486	16.0%
2009-10	3,496	15	0.4%
2010-11	3,572	76	2.2%
2011-12	3,878	306	8.6%
2012-13	3,901	23	0.6%
2013-14	4,167	266	6.8%
2014-15	4,271	104	2.5%
2015-16	4,351	80	1.9%
2016-17	4,416	65	1.5%
2017-18	4,763	347	7.9%
2018-19	4,825	62	1.3%
2019-20	4,942	117	2.4%

The membership numbers from 1999-20 – 2017-18 have been recorded showing the total membership count. This includes members who work at more than one employer and are counted in each of their employer totals. From the start of the 2018/19 financial year we have started to calculate the total individual members based on their predominant employer. This is reflected in the figures for the 2018-19 and 2019-20 period.

Membership growth is generally offset by factors such as end of employment, retirement, moving overseas and in some cases non-renewals (members whose subscriptions lapse). The combination of active recruitment and strong membership loyalty keeps numbers growing.

## Percentage of members by region



## KEY EXTERNAL RELATIONSHIPS

Building and maintaining high level relationships with senior health officials, and key stakeholders in the health and industrial sectors is fundamental to ASMS' advocacy and influence.

### Minister of Health

We set out to re-establish regular meetings with the Minister of Health. Due to Covid interruptions, we only met with Dr David Clark twice before he resigned. We did not meet formally with the acting minister Chris Hipkins due to his heavy workload and the short time frame leading up to the general election. Establishing regular meetings with the new Health Minister will be a priority.

### Director General of Health

The ASMS Executive Director has regular formal meetings with Dr Ashley Bloomfield and the Deputy Director General, Workforce, Anna Clark. These meetings have been generally constructive. Anna Clark also attended the September National Executive meeting, along with Professor Judy McGregor, who chairs the Health Workforce Advisory Board.

### Council of Medical Colleges

ASMS has maintained regular contact with the Council of Medical Colleges, although the Covid pandemic has affected the frequency and nature of our meetings.

### Te ORA

We met formally with Professor David Tipene-Leach and hope to establish a partnership relationship with Te ORA. The specific nature of this arrangement is yet to be formalised. However, we share many members in common and hope to be able to support the equity kaupapa both within ASMS and across the health sector.

### Health Coalition Aotearoa

ASMS has affiliated to this group. The key areas of focus are helping to prevent harm from unhealthy food, alcohol, and tobacco. This aligns with ASMS' strategic focus on health equity, and supports the issues raised in our *Health Matters* publication.

### New Zealand Council of Trade Unions - NZCTU

ASMS takes a lead role in the health sector unions and attends the National Affiliates Council. We actively support the work and campaigns of other health sector unions. ASMS President Murray Barclay featured in a CTU campaign and petition on safer sick leave which was widely shared on social media.

"As a doctor I know how important it is for patients to have suitable time to recover from illness and not feel pressured into returning to work. Equally no one wants people who are unwell coming into work and infecting others. They need to be able to take the sick leave they need."

- Professor Murray Barclay  
Gastroenterologist  
President of ASMS

**Safer Sick Leave** together\*

Authorised by NZCTU, Level 5, 178 Willis St, Wellington

## Health Sector Relationship Agreement Steering Group (HSRA)

Holidays Act remediation and rectification oversight has taken up a lot of the Group's time in the last 12 months. Other areas of interest include attempts to leverage high-level health leadership through this forum. Success will likely depend on the shape of the new government and what happens to the Ministry of Health once the Health and Disability System Review recommendations start to be implemented.

## NJCC

The National JCC has somewhat revived this year, with a shared strategic focus on SMO workforce issues. The first piece of work builds on ASMS' gender pay gap research, with a pilot investigation due to report findings in early 2021. Once the pilot is finished, we will work with all DHBs on addressing this pay gap. Other new initiatives include an SMO census, and an investigation of locum spending and use.

## National Bipartite Action Group (NBAG)

The National BAG is a group that meets monthly and consists of representatives from all major health unions along with senior DHB management. It is administered by TAS and the NZCTU. NBAG has produced many advisories for DHBs and some policy guidelines.

## MPS

ASMS continues to have a close working relationship with MPS and its medico-legal officers in supporting and defending members at the centre of clinical or workplace investigations. We had a formal meeting with senior MPS staff which included Medical Director Dr Rob Hendry, during his visit to Wellington earlier in the year. ASMS also recently hosted a meeting between our industrial officers and MPS medico-legal advisers. MPS continues to contribute a regular article to *The Specialist*.

## MAS

The relationship with MAS continues to flourish. MAS is committed to working in support of our strategic work addressing equity and diversity and makes a valuable contribution to ASMS. We look forward to more active collaboration on areas of common interest. MAS remains a sponsor of *The Specialist*.

## Other professional organisations

We continue to meet informally with the New Zealand Medical Association and have instigated a similar relationship with the New Zealand Dental Association. We are also keeping a close eye on the useful work being done by Ora Taiao.

## HEALTH SECTOR ADVOCACY AND RESPONSE

### The Health and Disability System Review

The Review's final report was released in June with recommendations for the largest health sector reform in a generation. ASMS provided a summary to members followed by a deeper analysis. We contributed to the public discussion through media statements and comment. ASMS is interested in the idea of a separate Māori Health Authority and welcomes the Review's call for beefed up public health and better national co-ordination of core health services. A recommendation to halve DHB numbers raises concerns for members in smaller DHBs. ASMS intends to have a strong voice during the implementation of the Review's recommendations. The Executive Director has met with the public health implementation lead.

### Covid-19 pandemic

ASMS sounded early public warnings about the unpreparedness of New Zealand's health system in the face of a pandemic. Fortunately, due to the actions of the Government, our members were spared scenes seen in hospitals overseas. We responded to member concerns about Covid by developing and distributing resources and advice around clinical safety and employment issues. The Executive Director took part in cross-union meetings involving the health workforce and appeared before parliament's special Epidemic Response Committee. We put pressure on the Ministry of Health to report cases among health care workers and were regularly called on for public and media comment. ASMS continues to monitor management of the Covid backlog in the context of unmet need and sustainable work.

### Health funding and Budget 2020

Budget 2020 delivered the biggest funding increase to health and operational funding to DHBs in more than a decade. ASMS welcomed this but view it as a small first step in the context of years of chronic underfunding. We publicly lobbied for a budget which valued health in a pre-Budget opinion piece. We provided public comment after the release of the Budget and produced a summary of the key points for members. Infometrics was commissioned to provide a more detailed examination and breakdown of funding allocations.

### Health equity

We produced a report *Health Matters – Framing the full story of health* as a call to action to address inequity and its effect on health outcomes, and as a prequel to our 2019 *Hospitals on the Edge* report. It brings together existing evidence on the social determinants of health and calls for stronger cross-party and government commitment to address them. It was released before the general election and will form the basis of our briefing to the incoming government.





## Canterbury DHB

Canterbury DHB faced an unprecedented crisis this year which impacted heavily on members. ASMS' voice was a critical part of the debates which unfolded around the relationship difficulties with the Board, the costs and penalties which accrue on DHBs undertaking major builds, the ongoing downward pressure on budgets and bottom lines from the centre and the difficulties faced by leaders who advocate strongly for the health needs of the communities they serve. We also raised members' deep concern about a cost-saving plan which will affect service delivery.

There is potential for this kind of situation to befall any DHB and while we see it as crucial to advocate for our members in Canterbury, we are mindful that their interests will overlap with those of members in many parts of the country.

## Infrastructure and hospital builds

We raised concerns with the Director General of Health and the Health Minister about the centralised oversight and decision making around capital works and how this approach works against the interests of local communities. Despite the NAMP and central government's commitment to improving hospital facilities, many new builds and upgrades are being inadequately funded to meet current need, let alone future need. ASMS has been vocal in advocating for buildings and spaces which are fit for purpose and designed with clinical input.

## JCC MEETINGS AND SMO ENGAGEMENT

### Joint Consultative Committee Meetings (JCCS)

JCCs provide an important opportunity for ASMS members in every DHB to engage directly with senior management three times a year and are a core part of ASMS business. The Covid-19 pandemic and lockdown meant many meetings in this year's first round could not be held face-to-face. Some meetings had to be cancelled but others were held virtually via Zoom. This virtual option was welcomed by many members and boosted JCC attendance with SMO/SDOs able to take part from their offices or homes. It also benefitted ASMS by cutting down on staff travel. All JCCs are now held with a Zoom option.

Along with local issues, some of the matters discussed at this year's JCCs included:

- Covid-19 planning and catchup
- New MECA clauses and backpay
- Infrastructure and IT problems
- Gender pay gap
- Telehealth
- CME policy and carbon offsetting
- Occupational and public health capacity
- Role of the Clinical Director
- Recovery time
- Holidays Act remuneration

## SMO engagement workshops

The Covid-19 pandemic affected the number of engagement workshops held. Ideally each DHB should have annual or at least biennial engagement workshops to allow SMOs and management to share ideas and engage constructively in leading healthcare. Only two DHBs held workshops during the period covered by this report. ASMS actively encourages members to talk to their industrial officers to get engagement workshops underway in their DHBs, and there are some new engagement workshops planned due to ASMS advocacy.

## INDUSTRIAL AND ORGANISING ACTIVITY

The industrial team was led by Deputy Executive Director Angela Belich for many years. Since her retirement in April, the team, which is divided into three regions, is now managed by senior industrial officers Lloyd Woods, Henry Stubbs, and Steve Hurring. The number of industrial officers has increased from eight to nine, reflecting membership growth and workload. Georgia Choveaux (now on parental leave) was employed in January to fill the position left vacant by Sarah Dalton's promotion to Executive Director. Kris Smith joined the industrial team in September and is based out of Dunedin.

### MECA 2020/2021 – extraordinary times

Negotiations for a new MECA formally began in February, more than a month before the MECA expiry on 31 March. ASMS tabled a very full 'wellbeing' claim with 55 separate items, along with a significant salary increase.

The ASMS bargaining team was made up of 25 people (a representative from almost every DHB, a shift work representative, as well as ASMS President Professor Murray Barclay, vice-President Dr Julian Fuller, and senior industrial officers Lloyd Woods and Steve Hurring). The team was led by Lloyd Woods with Professor Murray Barclay as co-advocate.

Six days of face-to-face bargaining were held before the Covid-19 pandemic dramatically intervened. In an unprecedented step, both sides agreed to go ahead with one day of virtual negotiations via Zoom on 25 March, just hours before the nationwide lockdown took effect. After discussions among the ASMS bargaining team it was decided that rather than postpone negotiations indefinitely, ASMS would offer a package contingent on the DHBs agreeing to a settlement.



After much discussion on the DHB side over several days (including with the Ministry and Minister of Health) we had a proposed settlement with a 12-month rollover of current terms and conditions, several small improvements, and a CPI adjustment to salaries of 1.9%. It was decided that the bargaining fee for non-members would not apply for the twelve month term due to the administrative work involved for the DHBs and as a gesture of goodwill.

Members voted in favour of the settlement in an electronic ballot, and it was then ratified by the National Executive.

An engaging video outlining the main changes was made for members and several new clauses were highlighted in direct communications.

A full copy of MECA 2020 is on the ASMS website.

Planning is now underway for the negotiation of the 2021 MECA. Many claims will be very similar, but it is clear Covid-19 has affected the health of the Government's books.



## Holidays Act

The process for establishing remediation (backpay) and rectification (fixing the payroll systems) is a slow and painful process. ASMS industrial staff have spent hours in Zoom meetings and regional discussions designed to resolve this longstanding issue. While we are confident the issues will eventually be resolved and backpay provided, there is no firm timeline, and it could be several years before a final point is reached. We hope the situation may serve as a lesson to government on the importance of funding and designing state sector HR and payroll as a model of good practice, but we lack confidence that long term lessons will be learned and retained.

## Recovery time

Paid recovery time following overnight work should be the norm by now. In 2017 it was added to the MECA for services using an on-call system, with a three-year grace period for DHBs to implement it. However, for many, scheduled recovery sessions are still the exception rather than the rule. Industrial staff are making this a focus across several DHBs, including audits of current provision, and follow up with members and management. The 2020 MECA also brought in recovery time for shift workers and we continue to work on ensuring that members no longer have to subsidise after hours work and overnight shifts by sacrificing non-clinical and personal time.

## CME

The CME landscape has been drastically altered by the Covid pandemic. This is likely to be the case for some time to come. ASMS is in the process of developing guidelines to support reasonable practices for CME in this emerging environment. We also note the importance of moving towards more sustainable practices across all our work.

## Canterbury DHB

As outlined earlier ASMS played a key role in highlighting the crisis which unfolded at Canterbury DHB and the issues behind it. The situation provided an important organising and campaigning opportunity. We sent out regular communications to members and organised an on-site meeting for members to discuss their concerns and map out action. We front-footed media and public comment, supported members in speaking up, and gave members and the issues visibility through the production of badges.



## Overnight workplace accommodation

This is an often overlooked MECA clause, but an important one for members who are required to attend to patients overnight. We find that intensivists and O&G SMOs are most often affected by the lack of a quiet, clean, comfortable sleeping space when they need to be close to patients overnight. We have had some success in seeing provision made in the birthing unit at Whangarei Hospital, and hope that long overdue accommodation will soon be available at Waitemata DHB. Should DHBs continue to fall short on this we may pursue legal remedies in 2021.

## The role of the clinical director

The role of the clinical director can be a difficult one due to the expectations of management and those of clinical staff. ASMS developed an advice document *The Role of the Clinical Director – a practical guide* - to support members in CD leadership roles and for those considering such a position.

## Major industrial cases

A significant part of ASMS' industrial work involves individual case work. ASMS has supported members in more than 20 major industrial cases. These are cases which have been referred to either the Employment Court, binding arbitration, the Employment Relations Authority, or mediation. They can also include formal independent investigations of a member's clinical practice under MECA clause 42 or similar independent investigations of allegations of 'inappropriate' workplace behaviour such as bullying or harassment. At any one time, ASMS has about six or seven major cases under investigation, and they can often take a long time to resolve.

Approximately \$200,000 in legal fees has been spent on 20 major cases.

Few, if any have resulted in complete exoneration, while a number have resulted in the member resigning or retiring, as part of a negotiated 'exit'.

ASMS dealt with at least ten cases where one or more colleagues made serious complaints about another colleague's behavior. Some of these remain open. Four involved extended periods of sick leave, three of which related to treatment and recovery from addiction. Advising and supporting members during prolonged periods of sick leave for stress and serious illness are now regular issues for industrial officers.

The number of cases involving burnout, fatigue, depression, and other mental illnesses has increased. Workforce shortages make it increasingly difficult for older members and those recovering from illness to reduce their workloads or come off acute rosters.

## **Job offers**

Advising new and prospective members about their job offers remains an important part of the industrial officers' work. It also gives those IMGs who seek such advice a positive introduction to the union and confidence they will be employed on terms and conditions consistent with their colleagues in the service they are about to join. It is worth noting that staff turnover and recruitment has reduced considerably due to Covid-19 which has flowed on to job offer numbers. Some job offers to IMGs have become more complex due to quarantine requirements and travel costs.

## **The NON-DHB sector**

ASMS has about 260 members who work outside of the DHBs across New Zealand.

Our non DHB ASMS membership continues to grow as does the number of different non-DHB employers we deal with and the number of collective agreements in play.

A strategic recruitment plan for non-DHB members is being instituted in late 2020. The non-DHB (particularly GPs) sector is "green-fields" as opposed to the DHBs where we already have high membership density.

ASMS publicly advocated for more funding for Family Planning which earlier in the year said it had not had a funding increase in ten years and had to apologise to patients because it could not meet demand for services.

## **Non-DHB collectives**

We have 16 non-DHB collectives and in the last 12 months have renegotiated eight with three underway. A constitutional amendment in 2019 which allowed senior doctors working in the core public service has resulted in a new group of members at the Ministry of Health and negotiations are underway for a collective agreement for those members.

Our aim is to negotiate terms and conditions that move the status of non DHB doctors closer to that of our DHB members.

Details of all non-DHB collective agreements are available on the website.

## POLICY AND RESEARCH

The policy and research team was led by Deputy Executive Director Angela Belich until her retirement in April. Dr Charlotte Chambers is the Director of Policy and Research. Former Director and Senior Policy and Research Advisor Lyndon Keene formally retired from his role earlier this year but continues to provide vital input through a contracting arrangement. The team also includes policy advisor Mary Harvey who joined at the end of March.

Key work this year has involved:

- critiquing the recommendations of the Health and Disability System Review and its implications for members
- a comprehensive research document on telehealth
- two substantive publications – *Health Matters* which brings together the wider determinants of health and a pre-conference report on the medical workforce pipeline
- a full membership survey and subsequent analysis of burnout rates five years since the original 2015 survey.

The expansion of the team has resulted in increased capacity to make submissions on issues of concern for our membership. With the retirement of both Lyndon Keene and Bill Rosenberg at the CTU, ASMS commissioned Infometrics to undertake analysis of the 2020/21 Budget.

### Surveys

We rolled out our first bi-annual full membership survey, reflecting a more strategic approach to reduce survey fatigue among members and seek information on a wide range of issues. This year we sought to repeat the 2015 Copenhagen Burnout Inventory study as well as understand key priorities for members as we prepare for bargaining in 2021. The response rate of 45% (2099 responses) was very positive. Findings will be reported to the 2020 Annual Conference.

Other survey work:

- A smaller survey examining levels of preparedness in emergency departments was co-designed with Northland DHB emergency department SMO Michael Howard.
- Analysis of 2020 Employment Exit survey: this annual analysis reported on the numbers and intentions of senior doctors and dentists leaving ASMS.
- ASMS Salary Survey: this annual analysis reports on the placement of senior doctors and dentists on the salary scales of the DHB MECA as of 1 July 2020.
- The completion of outstanding surveys of clinical leaders on SMO staffing needs by individual DHB.

## Publications

- Research Brief – Telehealth
- Pre-election publication - Health Matters – Framing the full story of health
- Pre-conference publication - Growing the Pipeline, Blocking the Drain: pre-conference publication
- ASMS Snapshot - Laboratory services and Healthscope sale
- Research documents
- Commentary on the Health and Disability System Review. This analysis of the Health and Disability System Review was distributed to members and put on the ASMS website.

## Submissions

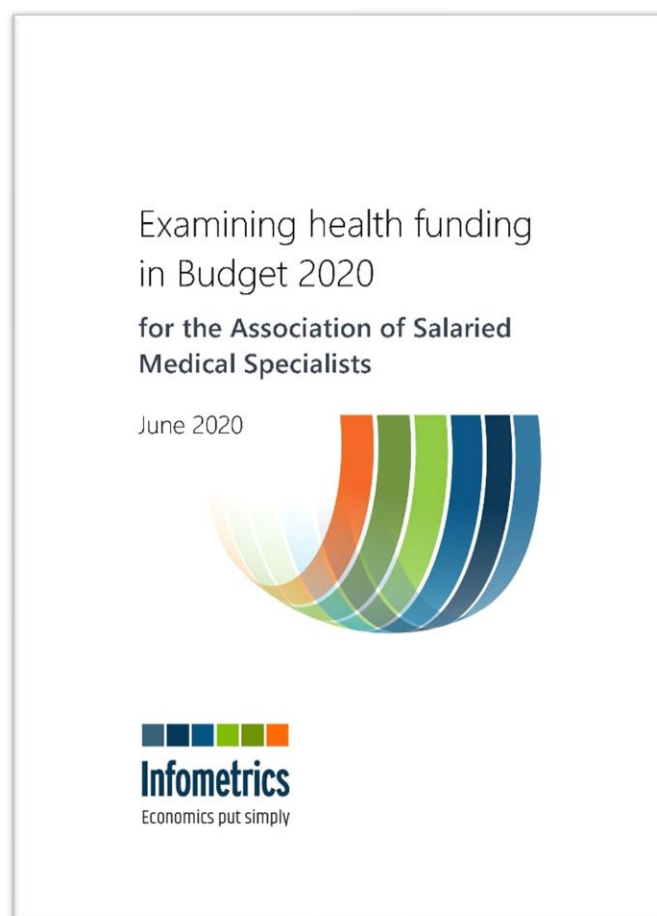
ASMS submission to the Governance and Administration Committee on the Public Service Legislation Bill.

Submissions to the New Zealand Medical Council on:

- Proposed changes to telehealth statement
- Discussion paper – When AI is involved in the care of patients
- Unprofessional behaviours.

## Contracted work

Infometrics analysis of 2020/21 Government Budget.





## COMMUNICATIONS

The position of Communications Director was left unfilled after Senior Communications Advisor and Acting Communications Director Eileen Goodwin went on parental leave in December 2019. Liz Brown was contracted to fill the Senior Communications Advisor role and has worked alongside Communications Advisor Lydia Schumacher. The team reported directly to the Executive Director who actively contributes to communications planning and work.

A range of channels are used to communicate with members, health policy makers and managers, the media, and the public. These include the ASMS website, media releases, social media, publications, videos, infographics, and photos.

### Media

ASMS has had extensive and sustained media coverage this year. Some key points:

- Daily media inquiries during the early days of the Covid-19 pandemic and Level 4 lockdown, were exceptionally high.
- Executive Director Sarah Dalton has established a strong reputation and media profile for herself and for ASMS through regular media interviews and appearances across all platforms.
- 32 press releases were issued between January and October on a wide range of issues, with the majority attracting strong media interest and coverage.
- Nine opinion pieces were published.
- A targeted regional media strategy of responding to and highlighting local issues in provincial media, was successfully implemented.
- The crisis at Canterbury DHB was an example in which ASMS led and sustained an effective media campaign, through opinion pieces, press releases, working with individual reporters, and supporting members to speak out.
- The Executive Director continues to write a regular column for *New Zealand Doctor* magazine.



## Social media

ASMS has a Facebook page, and a Twitter account and is part of the moderation team for the popular NZ Women in Medicine Facebook page.

Our aim was to build our social media presence by posting more, adopting a more friendly 'voice', encouraging feedback, and creating more visually engaging and creatively designed content.

The result was a significant increase in followers and engagement.

The ASMS Facebook page has 970 followers (up 464 followers from September 2019).

We had our best performing posts ever at the start of Level 4 lockdown with a photo organised by National Executive member Dr Julian Vyas and the Starship Hospital theatre team with a sign saying "We are here for you, please stay home for us". It reached 144,160 people and was shared 946 times.

The ASMS Twitter account has 521 followers (up 124 followers from September 2019).

The Women in Medicine Facebook Group which ASMS set up on behalf of all female doctors and medical students in New Zealand continues to perform well. As of October 2020, it had 5,224 members – an increase of 506 members since October 2019.

## Website

The ASMS website is old fashioned and no longer really fit for purpose. A major project to update it is planned. Information which is out of date or irrelevant is systematically being removed.

Changes were made to the way we use the site. The homepage now features core ASMS information and activity rather than news and information from other organisations. This is in line with other websites and organisational trends. An "ASMS in the News" tab was created to share news stories in which ASMS has made comment. A "blog" tab was created to encourage articles from members and other organisations and has had eight posts.

The most popular page continues to be the Homepage, the ASMS-DHB MECA.

## Direct member communications

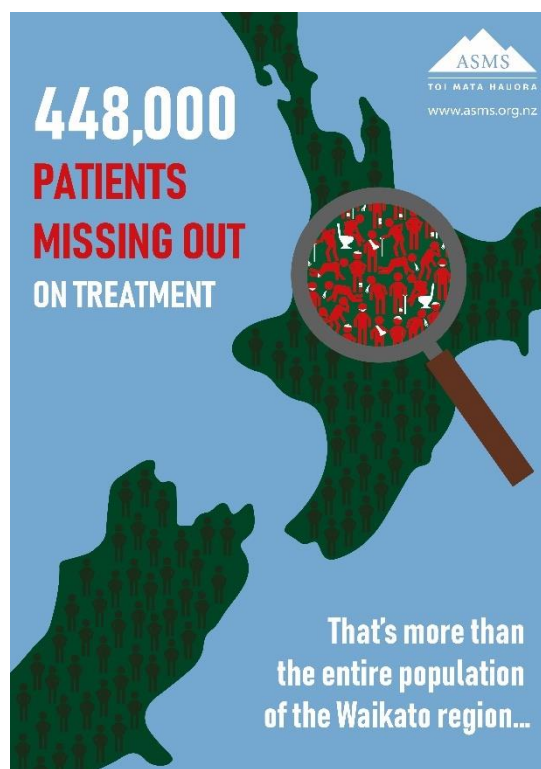
The Communications team is responsible for electronic communications such as ASMS Directs and DHB News to keep members informed and up to date. A key focus was to transform the 'look and feel' of ASMS communications through more friendly language, enhanced visual design and the use of more engaging content such as video. Key communications were around the MECA negotiations, along with Covid-19 advice and resources.

## Communication tools

New tools were rolled out to improve communication and member engagement. The Communications team and the Executive Director attended a video making course. Several videos were produced and used in member communications and on the website. An animated video explaining the MECA changes was a particular success. We commissioned a series of infographics and created our own design content to better convey information and make ASMS communications more dynamic, colourful, and appealing.

## Publications and documents

The Communications team helped edit several ASMS research papers and publications, along with managing design, print and distribution processes. Our quarterly magazine *The Specialist* continues to be an important communications channel with a mix of commentary, analysis, member profiles and articles. Several content and design changes were made this year. Clear Edit was contracted to give each edition a final proof and edit. About 100 members this year opted out of receiving a hard copy this year, primarily on environmental grounds.



# ASMS NATIONAL OFFICE

## Association finances

The result for the year to 31 March 2020 was a surplus of \$386,719. This is a significantly better result than the budgeted surplus of \$51,700 as presented to the November 2019 Annual Conference.

The main reasons driving the better than expected result for 2020 include:

- The increase in members after the MECA settlement caused subscription income to be \$62,307 more than budgeted.
- Bargaining fees received were \$142,505 higher than anticipated due to the timing of the MECA.
- Executive expenses were down \$77,068 than expected, this was largely driven by a decrease in travel throughout the year.
- 30th Anniversary Conference costs were \$63,706 lower than predicted. This was due to the Branch Officers Workshop & Executive meeting coinciding with the conference.
- The combination of positive factors listed above has continued to increase the reserves depleted during the 2014-2017 years.

## Support services

Angela Randall resigned as Support Services Administrator in June 2020 and her position has been filled by Cassey van Riel. The Support Services team now reports to the Executive Director Sarah Dalton and comprises Manager Support Services Sharlene Lawrence, Senior Support Officer Vanessa Wratt, Membership Officer Saasha Everiss and Support Services Administrator Cassey van Riel.

The team provides organisational and financial management support and is often the first point of contact for members. It manages the membership database, ensures the day-to-day smooth running of the National Office, and provides support for the Executive Director as well as the industrial, policy and research and communication teams.

Specific projects in the past year have included:

- organising the 2019 and 2020 Annual Conferences and 2020 Branch Officers' workshop – including webinar options.
- development and implementation of an ASMS Intranet.
- fitout of new Level 9 space and refurbishment of Level 11, due to be completed early November.
- working with accountants Grant Thornton to upskill key staff members to take on additional financial functions.
- implementation of SharePoint as the document management system to replace an outdated legacy system.
- Work on moving IT systems from a server to a Microsoft Cloud based system, including the phone system.
- managing the administrative processes around recruiting new members including non-DHB

- managing the election process for branch officer vacancies
- supporting communications work by managing distribution of our printed publications
- ongoing work within membership to go paperless.

## National Office accommodation update

As signalled in the 2019 Annual Report, the ASMS National Office has grown in the past 12-24 months. The National Executive approved sign off on a part-floor lease on Level 9 of the same central Wellington building.

The fitout work on Level 9 and the refurbishment of Level 11 has started with completion expected by early November. Level 9 will be the new reception and will accommodate the support staff, include a large kitchen/staff area and a meeting room. Level 11 will accommodate the Executive Director along with the industrial, policy and research and communications teams.

Hot desks will be available if members are in Wellington and need a place to work.



## Job vacancies online

The vacancies section of the ASMS 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 50-60 and the vacancies section has on average 800 visits every month. Most DHBs are making use of our job advertising facilities and there has been a rise in advertising from other employers.

## Constitution

The National Executive has authorised one constitutional amendment for consideration by this year's Annual Conference. It relates to the requirement under s.6 of the Incorporated Societies Act 1908 for a Society's rules to include provision for the control and use of the common seal. Our constitution does not currently include such a provision.



## LOOKING AHEAD

### **Becoming *Toi Mata Hauora***

Since being gifted our Māori name *Toi Mata Hauora* some years ago, we have done little to honour it. We are currently working hard to develop the means to educate ourselves so we can create practices and means of engagement with our health sector partners that honour Te Tiriti, and which properly frame our developing equity kaupapa. It also

includes the need to grow a diverse and responsive medical workforce. We hope to establish a formal partnership with Te ORA, many of whose members also belong to ASMS. Work around this is in its early stages and will continue into 2021.



### **MECA 2021**

Next year we will once again go into negotiations for a new ASMS-DHB MECA due to the short one-year term of the agreement settled earlier in the year. As usual this will be a big piece of work. We will aim to get as much member input as possible to feed into the claim development process.

### **MECA clauses and safe and sustainable work**

There are numerous excellent MECA clauses which are not adhered to in the workplace. Along with our standard for safe and sustainable work, which sits alongside the MECA and which informs our wellbeing agenda, ASMS intends to place increasing focus on existing clauses that need stronger enforcement and get more benefit for members. Some of these include recovery time, vacancies, and locums, speaking out, and SMO accommodation. Improving member knowledge of existing MECA clauses and encouraging them to work collectively to ensure they are implemented, is also a priority.

### **Health and Disability System Review implementation**

The new Labour Government is expected to move reasonably quickly to implement recommendations of the Health and Disability System Review. The initial areas of focus are likely to be primary care, disability sector, public health, and some form of the Māori Health Authority. We will maintain a close watch on these emerging workstreams. We are already hearing concerns from members in smaller DHBs about the recommendation to cut DHB numbers. We will also strongly advocate in support of the recommendations in our *Health Matters* report with the new government, and the (likely) new entities, such as Health New Zealand and the Māori Health Authority.

### **Retention and recruitment**

Annual Conference 2020 is themed around the importance of a better workforce pipeline. ASMS will maintain a focus on improving conditions for retaining and recruiting sufficient senior medical and dental staff to ensure safe sustainable work for our members, and better care for patients.