

Annual Report 2021



WHO WE ARE?

The Association of Salaried Medical Specialists Toi Mata Hauora is the union for salaried senior doctors and dentists. We advocate for the interests of members in all aspects of their working lives, while working for a better and more equitable public health system.

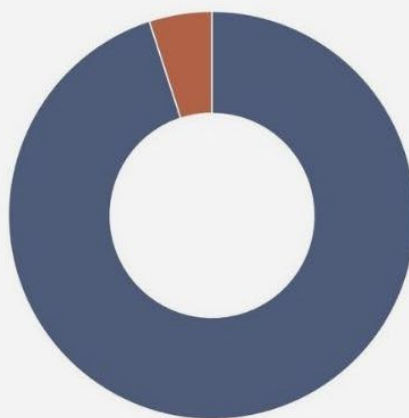
5330

MEMBERS

as of November 2021

Our membership is made up of

DHB members
95%



Non-DHB members
5%

FOREWORD

Tēna koutou katoa

The Covid-19 pandemic continued to punctuate 2021, causing disruption and restrictions. It has brought additional pressures for ASMS members, struggling to provide timely healthcare to an ever-increasing number of patients in a chronically under-resourced health system. For ASMS it has meant having to be agile and flexible in the way it communicates and supports its members and staff.

The negotiation of a new ASMS-DHB-MECA has been a major focus for the year, against a backdrop of Government spending restraint and industrial action by other health unions.

In response to the stalled MECA negotiations, ASMS held stopwork meetings for the first time in 14 years and members vented their frustrations over a zero percent pay offer and a lack of movement on safer staffing and wellbeing conditions by the DHBs. We headed to mediation in November.

In the non-DHB sector however it has been a very pleasing year with the successful negotiation of several new collective agreements, which, in many cases resulted in significant improvements in conditions for members.

The Government announced major health reform following on from the Health and Disability System Review. The reforms will see the disestablishment of all 20 DHBs and the creation of a new centralised agency Health NZ, along with a fully empowered Māori Health Authority, by July 2022. ASMS wants to ensure that members' voices are clearly heard as part of the transition and planning is underway as to how we can best organise and support members in the new environment.

We had a change of leadership at the governance level with the election of a new National Executive, including a new President, Vice President and National Secretary. We also welcomed several new branch officers.

There has been strong focus on health equity in our advocacy work. A highlight was the organisation and co-hosting of the Creating Solutions conference in July and the subsequent report which has been very well received.

On a truly positive note, we have seen record membership growth for a second year running and are now proud to represent 5330 members.

I am pleased to present this report to members.

Me mahi tahi tātou mo te oranga o te katoa

Ngā mihi nui

Dr Nathalie de Vries

National Secretary

NATIONAL EXECUTIVE

ASMS is governed by a National Executive made up of ten members 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. The immediate past-President has the right to sit on Executive as an appointed 11th member.

We came to the end of our three-year election cycle in 2021. Elections were held and in April a new Executive took over. Dr Julian Vyas was confirmed as President, having stood unopposed. Other new office holders include Dr Andrew Ewens as Vice President and Dr Nathalie De Vries as National Secretary. Three new members were elected to sit on the Executive – Dr Kai Haidekker, Dr Sylvia Boys, and Dr Andrew Robinson. Professor Murray Barclay remained on the Executive as immediate past President. We farewelled Drs Paul Wilson and Angela Freschini and thanked them for their commitment to, and support of ASMS.



Julian Vyas
President
(Auckland)



Andrew Ewens
Vice President
(Waitematā)



Nathalie de Vries
National Secretary
(MidCentral) Region 3



Julian Fuller
(Waitematā) Region 1



Sylvia Boys
(Counties Manukau)
Region 1



Annette van Zeist-
Jongman
(Waikato) Region 2



Andrew Robinson
(Lakes) Region 2



Kai Haidekker
(Hawkes Bay) Region 3



Katie Ben
(Nelson Marlborough)
Region 4



Seton Henderson
(Canterbury) Region 4

The National Executive meets regularly every two to three months. Over the course of 2021, due to various Covid restrictions and lockdowns, these meetings have often been held virtually. The National Executive focusses on setting objectives and strategies to guide ASMS' work and how best to support and advocate for members.

Much of the work of the new National Executive has been to consolidate its role as a governance group.

One of the key responsibilities of the National Executive is to develop and refine over time the organisational strategy of the Association. In 2020 the Executive set a strategy for the next three years. Some time was taken in September 2021 to confirm the key priorities within that strategy, such as advocating for better access to healthcare irrespective of income or location, advocating for better medical workforce planning and supply, recruitment and retention issues and member wellbeing. These priorities are reflected in ASMS' publications, communications, research, and industrial work along with member and sector engagement.

A key focus for the National Executive has been the ASMS-DHB MECA negotiations. Executive members form a core part of the negotiating team. The National Executive has deliberated on a MECA campaign strategy.

In line with health equity priorities, the Executive committed funding and ASMS organisational support to a two-day virtual conference of health professionals on health equity issues. The Creating Solutions conference was a collaborative project with the Canterbury Charity Hospital Trust. National Executive members served as group facilitators. The conference and the resulting report were well received across the sector.

ASMS has also been approved as a Living Wage employer and we pledged overall support for the work of the Living Wage movement.

We have committed to actively pursuing the development of an equity kaupapa for ASMS and ensuring we have strategic and operational policies which honour and align with the principles of Te Tiriti o Waitangi. The Executive is looking at establishing a Māori advisory committee. Whilst the exact detail of process is yet to be decided on, it is hoped this project will receive views from Māori members from across New Zealand, and who work in both hospital and non-hospital settings, and with an aim to agree a preferred model of representation within ASMS. This year ASMS staff have continued to access te reo Māori classes.

Over the course of the year National Executive has met with health sector leaders, and some have been invited along to speak at Executive meetings. These include the Director General of Health Dr Ashley Bloomfield, the Deputy Director General Health Workforce Anna Clark, Dr Boyd Swinburn from Health Coalition Aotearoa, and Stephen McKernan and his colleagues from the Health NZ Transition Unit.

Due to ongoing Covid lockdowns across Auckland and Waikato from August, the Executive took the decision to host the 2021 Annual Conference as a virtual, one-day event. However, building on our experience of the *Creating Solutions* conference we are confident this will still be an engaging and useful meeting.

Executive sub-committees

The National Executive's subcommittees support the National Executive in its governance role. They were formed to enable a more focused look at some of the organisation's key functions and to help ensure that National Executive meetings run efficiently. Currently there are two subcommittees appointed under clause 11.7 (a (ii)) of the ASMS Constitution.

The Risk, Reserves and Investment sub-committee provides information and advice regarding our organisational risk profile, financial reserves, and investment policies. It has an external advisor and two National Executive members. We are in the process of reviewing the most effective format for considering our organisational risks and have highlighted several areas including: DHB MECA negotiation, health sector reorganisation, endemic/pandemic Covid-19.

The reserves policy is under active review now that we have met the established organisational reserves levels. We have been mindful of the uncertainty we have faced in the last few years and the effect this has had on budgeting and forecasting. ASMS continues to have an expanding membership base and operates in an increasingly complex environment.

We have also noted that our investment policy was set in an era of low inflation and are considering the impact on our uncommitted cash reserves. While we do not envisage a change from our conservative investment strategy at this time, this policy will be reviewed by the National Executive.

The Research sub-committee was formalised in February to ensure that ASMS' research activities reflect and align with our strategic goals. It also enables resources to be appropriately allocated (e.g., contracting out for research where necessary), and to have expert advice from members of the National Executive, particularly when things like questionnaires are being devised.

BRANCH OFFICERS

Branch officers are key representatives for ASMS members in their local workplaces. Each DHB is represented by a President and a vice-President. Elections were held this year and as a result we welcomed several new faces. We were pleased with the level of member engagement. This intake of branch officers began their three-year terms on 1 July.



New faces at the Branch Officers' hui

The annual branch officers' hui was held in Wellington on 9 July, providing a useful forum for branch officers to meet, mingle and discuss ASMS' priorities. This year there were presentations from CTU economist Craig Renney, Northland physician Dr Lucille Wilkinson on wellbeing, as well as a MECA update from industrial officer Lloyd Woods and a summary of ASMS' burnout survey by Director of Policy and Research Dr Charlotte Chambers.

BRANCH	PRESIDENT	VICE PRESIDENT
Northland	Erna Meyer	Anand Gangji
Waitemata	Keat Lee	Annemarie Mitchell
Auckland	Elspeth Frascatore	Arend Merrie Deralie Flower
Counties Manukau	Andrew Turbott	Marnie Cox
Waikato	Dara de las Heras	Marlize Alberts
Rotorua	Vacant	Maha Naguib
Tauranga	Deborah Moore	Vacant
Whakatane	Sumeshni Jairam	Nigel Giles
Taranaki	Vacant	Ricardo Jurawan
Tairāwhiti	William Weiderman	Carol Chan
Hawke's Bay	Gavin King	Bethany Jones
Whanganui	Bernd Kraus	Mark van de Vyver
Palmerston North	Thomas Carter	John Bourke
Wairarapa	Norman Gray	Clare French
Hutt Valley	Tanya Wilton	Brent Waldron
Wellington	Alain Marcuse	Amanda Tristram
Nelson	Sean Chan	Katie Ben
Marlborough	Jeremy Stevens	Prieur du Plessis
West Coast	Ceri Hutchinson (Co-President)	Jamie Mosher (Co-President)
Canterbury	Geoff Shaw	Siobhan Cross
South Canterbury	Peter Doran	Matthew Hills
Otago	Chris Wisely	Liza Edmonds
Southland	Roger Wandless	Adam McLeay

MEMBERSHIP

The Association's membership continues to grow, and we had another record membership year for a second year in a row.

Membership as of 31 March 2021 was 5,294 compared with 5,046 on 31 March 2020, representing an overall increase of 248 (4.9%). We had 1,440 members in our first year of existence (1989-90).

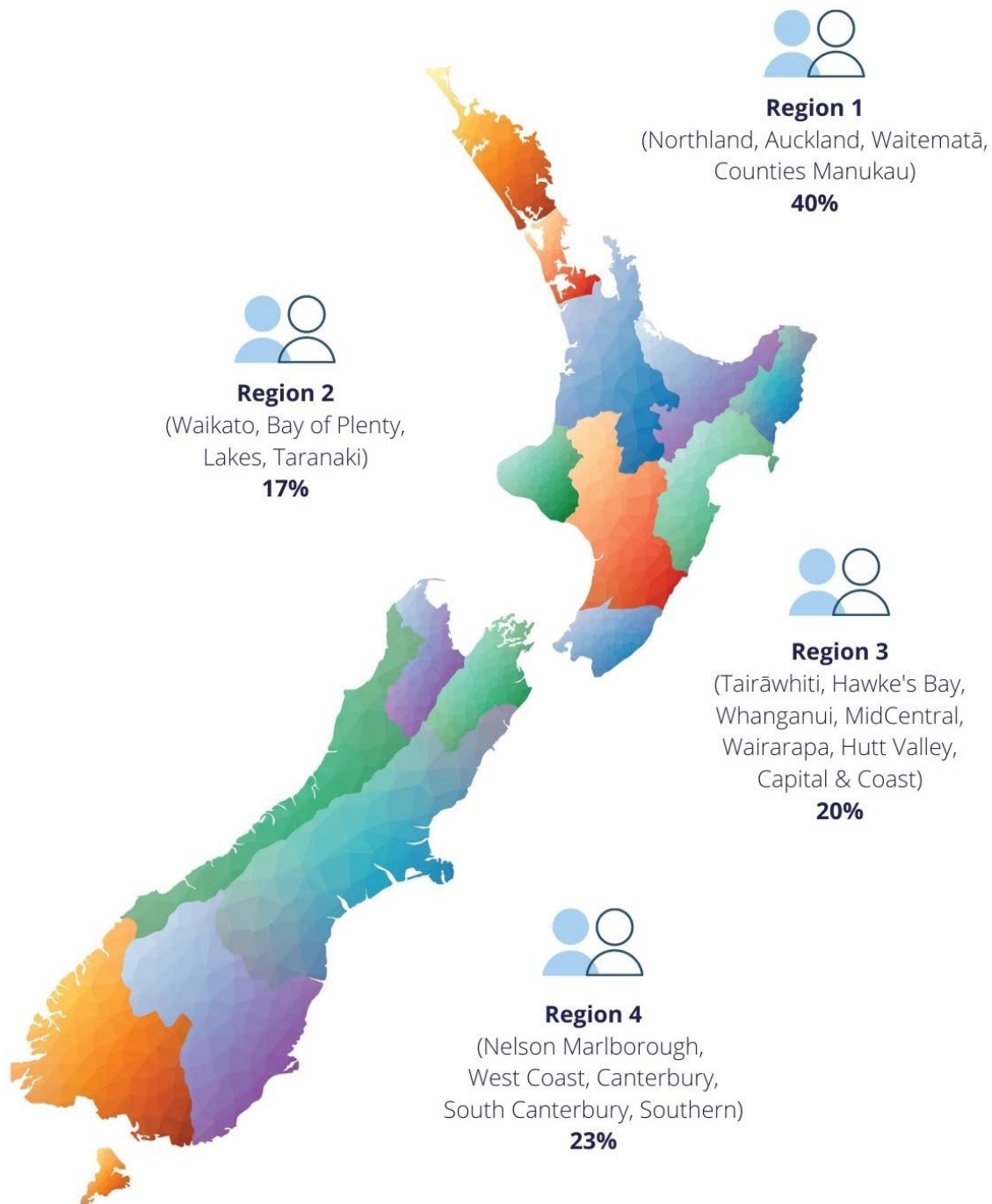
The following table shows annual membership increases over the past 20 years:

Financial year	Total members	Increase	% Increase
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%
2020-21	5,294	352	7.1%

The membership numbers from 2000-01–2017-18 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 started calculating the total individual members based on their predominant employer. This is reflected in the figures for the 2018-19 and 2020-21 period.

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

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

Both the President and Executive Director have met with the Health Minister Andrew Little for regular discussions and for Covid-specific briefings. The Minister opened the Creating Solutions virtual conference and publicly accepted our subsequent report. We are pleased to see him at this year's Annual Conference.

Director General of Health

The Executive Director has regular formal meetings with the Director General of Health Dr Ashley Bloomfield in which issues are raised on behalf of members. These meetings have been generally constructive.

Health and Disability Review Transition Unit

ASMS has established regular contact with staff from the Transition Unit. The Executive Director has had regular informal meetings with Unit head Stephen McKernan. The National Executive has also met with him and his team. We have particular interest in the development of the health charter and have pushed hard for strong SMO/SDO voice in the unit's work.

Council of Medical Colleges

ASMS has maintained regular contact with the Council of Medical Colleges.

Te ORA

Te ORA Kaihautū Professor David Tipene-Leach agreed to present at the Creating Solutions virtual conference and subsequently requested video presentations to use in his teaching. The relationship with Te ORA is highly valued and we look forward to building on this as the National Executive develops te kaupapa tangata rata o Toi Mata Hauora.

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. National Executive agreed to sponsor HCA's Forum (currently postponed due to Covid) and supported the recent presentation of HCA's open letter to the Government on the Smokefree Aotearoa 2025 action plan.

New Zealand Council of Trade Unions

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. This year has been dominated by Covid, which has involved consultation with unions over vaccinations roll outs and ensuring the provision of safe working conditions for health care workers. We are also supportive of the work the CTU is doing to promote Fair Pay Agreements.

Health Sector Relationship Agreement Steering Group (HSRA)

This tripartite governance group continues to focus on a range of issues, including oversight of the Holidays Act rectification process. It has a developing focus on workplace health and safety. Unions are working to ensure that we continue to have mechanisms which support meaningful consultation and discussion as we move to Health NZ and the Māori Health Authority.

NJCC

This group has continued to oversee a joint project focused on closing the gender pay gap in medicine. However, with the impact of Covid on our ability to meet and the looming shift to a single employer we have moved our focus towards formal engagement with the Transition Unit.

Health NZ and Māori Health Authority

The executive director has had an informal meeting with Sharon Shea who co-chairs the Māori Health Authority sits on interim board of Health NZ. We will continue to build working relationships with both these new entities and their leadership. The President has been invited to be a member of the HNZ/MHA National Services and Networks Working Group.

National Bipartite Action Group (NBAG)

ASMS takes part in this group which meets monthly and consists of representatives from all major health unions along with senior DHB management. It is administered by TAS and the CTU. NBAG has produced many advisories for DHBs and a number of 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. MPS contributes a regular article to *The Specialist*, and we appreciate their ongoing support for our annual conference.

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. Unfortunately, a planned collaboration with MAS and Wāhine Connect to host regional women's breakfasts was stymied by Covid. We hope to return to this project in the future. MAS remains a sponsor of *The Specialist* and of our annual conference.

NZ Society of Hospital and Community Dentistry

The Executive Director was invited to speak at their annual meeting in July. It provided a good opportunity to talk with dental service members. We hope Health NZ will pay more care and attention to the importance of oral health, both in its focus on preventive healthcare and in terms of the significance of the work being done across our hospital networks.

Advanced Trainees

ASMS is increasingly invited to present to advanced trainee specialty groups, usually as an introduction to who we are and what we do. These opportunities are a great way of ensuring early career SMO/SDOs are made welcome to our Association, and we hope that this engagement will continue and grow. In the last year we have presented to rheumatology, psychiatry, and neurology meetings.

New Zealand Medical Students' Association

ASMS supports the New Zealand Medical Students' Association and runs an informal joint mentoring programme designed to provide support for fourth year students transitioning into the clinical environment. NZMSA leaders attend and speak at the ASMS Annual Conference.

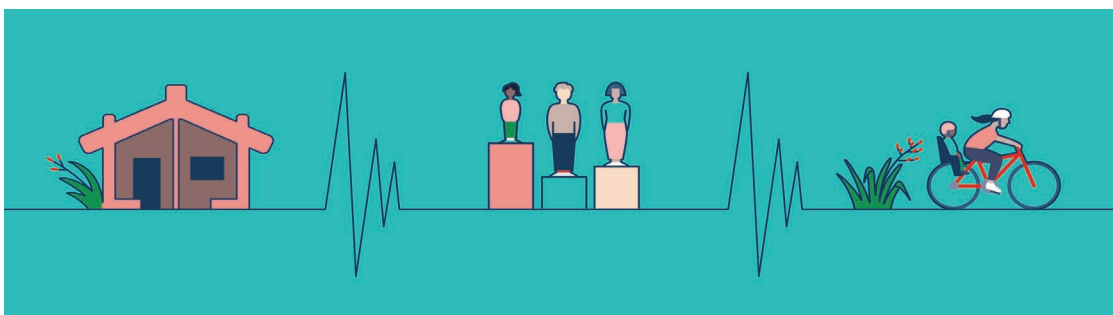
Other professional organisations

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, including support for students to attend their conference, held earlier this year.

HEALTH SECTOR AND MEMBER ADVOCACY

Health equity

Health equity has been a major focus of ASMS' advocacy, with a major piece of work being the co-hosting of the Creating Solutions virtual conference alongside the Canterbury Charity Hospital Trust, and the subsequent report - *Creating Solutions Te Ara Whai Tika*. It lays out a roadmap of policies to move Aotearoa towards a goal of health equity by 2040. It was presented to the health minister, sent out to stakeholders, highlighted at JCCs and in member newsletters, as well as in the media. It has given ASMS a strong voice in advocating for a fairer, more equitable health system, and a platform to continue that work. We are pleased to note the Health NZ and the Māori Health Authority will be living wage employers.



Health reform

In response to the Government's announcement of a major restructure of the health system, which includes the dis-establishment of DHBs and the creation of two new entities (Health NZ and the Māori Health Authority), ASMS has repeatedly called for strong clinical voice in the transition process. We are working to ensure that there is ongoing engagement and consultation with unions and that a proper workforce census and workforce planning is a key element of Health NZ's role going forward. We have also sought to keep ASMS members informed by inviting the Transition Unit to JCC pre-meetings to give briefings and answer questions.

Māori Health Authority

ASMS publicly supported the alternative view of the Health and Disability System Review which was to establish a Māori Health Authority with full commissioning rights as a new pathway to deliver health equity for Māori. A joint media statement with the New Zealand Medical Association was put out to this effect. The Government later announced a fully empowered Māori Health Authority would be set up which we applauded.

Health Budget and funding

While acknowledging welcome increases in health spending in the past two Budgets, ASMS continues to argue that significantly more is needed against a backdrop of years of chronic underfunding and growing patient demand. ASMS feeds expertise into a CTU analysis of the health budget which determined that health funding falls about \$280 million short of what is needed just to stand still. We continue to call for more overall funding and point out the need for sustainable investment in health.

Public sector pay restraint

ASMS played an active and vocal part in the strong public sector union response to a surprise decision by the Government of ongoing public sector pay restraint, and zero increase for those earning more than \$100,000 for the next three years. Union pressure led to some Government backtracking, however ASMS continues to raise the issue of pay restraint in our MECA negotiations. This remains a significant frustration and concern.



Safe staffing and workforce investment

This is perhaps the most critical issue facing our members and as such, it underpins much of ASMS' policy, industrial and communications work. We continue to highlight SMO/SDO shortages and the impact that short staffing has on services, patients, and members. We raise members' concerns about unsafe staffing and convey their experiences and frustrations to health leaders, managers, the Government, and the media. We repeatedly urge the Government to address current and future healthcare staffing needs across our hospitals and clinical services, and properly invest in the health workforce.

SMO wellbeing and burnout

This is a theme which runs through much of ASMS' work this year. Our MECA claims are based around a wellbeing model. We conducted a follow up burnout survey with the whole membership five years on from the previous survey. It resulted in a substantive report *Burnout in the Medical Workforce Five Years On*, giving us valuable member data to inform our industrial and communications work and put pressure on DHBs over their responsibility for SMO/SDO member wellbeing.

If DHBs don't look after our doctors and dentists, they can't look after us

Let's build a system that supports all its people



Medical workforce planning

We have lobbied hard for a workforce census and for workforce planning to be at the top of Health NZ's priority list. Workforce planning was also at the heart of our 2020 Annual Conference report, *Building the workforce pipeline, stopping the drain*. Without this foundation we will never be able to build a workforce that is sufficient to meet the country's health needs. Our members' work must be safe and sustainable over the course of their career. This focus remains at the heart of all our work.

Mental health

We have done advocacy work around the crisis in the mental health sector, regarding both funding and workforce investment. This was the focus of two major ASMS reports, *What Price Mental Health?* and *Inside the frontline of the mental health crisis*. We expect this to be a key area of focus in the coming year.

Nurses' and midwives' strikes – union solidarity



We threw our support behind both striking nurses and midwives in solidarity with their fight for fair pay and staffing. Many Executive members joined protest action in various parts of the country, while ASMS National Office staff turned out at marches and rallies in Wellington and at parliament.

Covid vaccination

In support of national public health, ASMS fully endorsed the Covid vaccination rollout and helped to publicly encourage vaccination for the health workforce and the general population. We gave organisational and technical support to the group Doctors Stand up for Vaccination. We also lobbied for the vaccine to be fast-tracked for the families and whānau of medical staff and most recently approached the Director General of Health about securing boosters for health staff.



People's vaccine

As a global citizen, ASMS, along with 41 other organisations, backed an open letter to the Government to support a People's Vaccine and relax intellectual property rules to allow greater access and distribution of Covid vaccines to poorer countries.

Primary health and dental user charges

In line with our health equity agenda and our *Creating Solutions* and *Health Matters* reports, ASMS put forward a remit at the full Council of Trade Unions' Women's Conference which then put to the CTU Annual Conference where it was adopted. It stated: *"That the CTU advocates for free and accessible primary health services (including dental, sexual health and mental health care)."*

Carbon reduction and sustainability

Two resolutions were passed at the 2020 Annual Conference around sustainability. The first called on ASMS to strongly advocate for all DHBs to join Toitū Environcare. We have followed up on this at our JCC meetings, checking with DHBs as to their status and encouraging those which have not joined to sign up. The second was to advocate for the establishment of a national Sustainable Development Unit to co-ordinate and accelerate the health sector's journey to become carbon neutral by 2040. This was a key recommendation in our *Creating Solutions* report, as part of lessening the impact of climate change on health.

Residency visas

ASMS successfully helped lobby the Government and publicly campaign on behalf of members caught out by a halt in the processing expressions of interest from skilled migrants for residency visas. This was causing many overseas doctors to reconsider their futures in New Zealand due to their uncertain immigration status and fed into concerns about short staffing. There is still work to do, but it is good to see some positive change.

MIQ priority

ASMS led calls for senior doctors and other essential health professionals coming into the country to be given MIQ priority to fill staffing gaps. This included both new recruits and existing staff who had left the country for pressing family emergencies and could not get back in due to MIQ overloads.

JOINT CONSULTATIVE COMMITTEE MEETINGS (JCCs)

JCCs give ASMS members a unique and important opportunity to engage directly with DHB managers three times a year. They give SMO/SDOs a forum to focus on local issues of importance and concern and to discuss them with DHB leadership. They also provide ASMS with organising opportunities.

For a good part of the year JCCs were able to be held face-to-face, but we continued to offer a Zoom option to members as it boosts attendance. The third round of JCCs has been held almost entirely virtually due to the emergence of the Delta variant and renewed travel restrictions.

During the third round we also invited members of the Health and Disability System Review Transition Unit to speak to members at the JCC pre-meetings to update them on their work and answer any questions they had.

Some of the matters discussed at this year's JCCs included.

- Infrastructure and IT problems
- Staffing shortages
- Service impacts of Covid
- CME during Covid
- Burnout
- Workforce pipeline
- Health reforms
- Vaccination rollouts
- SMO accommodation
- Non-clinical time
- Telehealth
- Sustainability and carbon neutrality
- Carparking

NATIONAL OFFICE

The ASMS National Office is led by Executive Director Sarah Dalton and comprises 20 staff providing industrial, communications, policy and research and support services. Most National Office staff are based in Wellington, but we now have industrial officers based in Hamilton, Nelson, and Dunedin, and soon will also have an Auckland-based team member. ASMS engages additional support to assist with financial accounting, payroll, and IT.

INDUSTRIAL AND ORGANISING

The industrial team currently has ten industrial officers, led by three senior industrial officers: Henry Stubbs, Lloyd Woods, and Steve Hurring. In this reporting year, four new industrial officers were appointed: Tina McIvor, Dave Kettley, Jenny Chapman, and Tanja Bristow (who will join us in February). Georgia Choveaux returned from parental leave and two industrial officers resigned.

With the growth in ASMS membership, there has been a corresponding need for industrial officers to spend more time in their 'patch' to respond more readily and effectively to members. To assist us meet this need and allow us to access a larger pool of qualified and experienced potential industrial officers, we appointed four industrial officers who live out of Wellington: Kris Smith (Dunedin), David Kettley (Nelson), Jenny Chapman (Hamilton) and shortly, Tanja Bristow (Auckland).

Nevertheless, it is important for industrial officers to stay connected with colleagues for training, peer review and to ensure consistency of advice in our members' increasingly changing and challenging workplaces. We do this by meeting collectively in Wellington every three weeks and the team co-ordinators (our three senior industrial officers) also maintain regular in-person or phone contact with their teams. From time to time, the out-of-town industrial officers will also spend additional days in Wellington working from National Office.

MECA

2021 has been a long and trying year from a MECA negotiations perspective. We developed a comprehensive set of claims, focused mostly on SMO wellbeing but with aspirations to salary increases where work is particularly onerous and in line with cost-of-living increases. The Public Service Commission's 'pay restraint' instructions to DHBs, along with the priority on Covid support for businesses have created significant difficulties.

We spent ten days in bargaining between February and August, consulted with members at stop work meetings, conducted a national survey, and completed three days of mediated bargaining in November. We have been frustrated by the employers' ongoing determination to push down on senior doctors' and dentists' terms and conditions, along with their failure to acknowledge significant workforce shortages and support our existing senior medical and dental workforce. While it seems that we may achieve a settlement that will take us into the new era of Health NZ and the MHA, it is also likely that we will need to return to the negotiating table reasonably soon after that.



ASMS DHB MECA negotiation team – March 2021

Stopwork meetings

Stopworks or paid union meetings are permitted by law and covered under MECA clause 33. Nationwide stopwork meetings by ASMS members in DHBs are very unusual – the last time they were held nationally was in 2007 over protracted MECA talks.

In August stopwork meetings were held across all 20 DHBs as well as two ‘wash-up’ Zoom meetings for members who had not been able to attend in their own DHB. Thirty-three meetings were held over ten days involving a large organisational and logistical effort by ASMS National Office staff, supported by National Executive members and branch officers.



The stopworks were well-attended and feedback from members was positive. They provided a useful forum for members to talk about their work pressures and discuss their priorities in the MECA negotiations. These meetings were followed up with member survey on next steps for negotiations and around potential industrial action.

Non DHB sector

Some 287 ASMS members (roughly 5.5%) work outside of DHBs. Membership in this sector is growing, with an estimated 10% increase in the past year.

We have members covered by Collective Employment Agreements in GP practices, union health centres, ACC, hospices, rural hospitals, sexual health services, Family Planning, the Ministry of Health, Ashburn House, and a small number of others. 253 of our 287 non-DHB members are covered by CEAs.

Our strategic aim is to establish CEAs wherever possible as this is the best way to improve and standardise conditions of employment in the different non-DHB workplaces. This year we have gained new agreements at the Ministry of Health and are on the way for members at the Institute of Environmental Science and Research (ESR).

We are keen to hear from doctors and dentists employed outside of DHBs, especially from corporate employers, with a view to further increasing membership, gaining greater influence, and securing collective employment rights for them.

We have had a lot of enquiries from doctors who work as contractors or locums but are not employees and therefore do not qualify for ASMS membership. However, some people who are paid as contractors are, for all intents and purposes, employees. We are interested in talking to doctors and dentists in this situation, to have them recognised as employees so they can enjoy the benefits of paid leave, sick leave, superannuation, public holidays – and union membership!

Holidays Act

ASMS continues its involvement in the DHB Holidays Act remediation process. The calculation of outstanding holiday pay owed to members and the fixing of payroll systems that caused these payment errors is taking a significant amount of time. Payments can be expected to start being made in the next 12 months. The complexity of this process has in part been due to multiple systems and inconsistent practices across different DHBs. We have supported the setting up of a programme management office based in the Ministry of Health to provide coordination across DHBs. The remediation process is being overseen by the HSRA Governance Group on which ASMS sits.

Impact of Covid

For the second year in a row, Covid-19 has impacted the day-to-day work of the industrial team. We have travelled less and become more comfortable and adept at attending meetings and advising members by Zoom. But meetings and investigations to address what sometimes feels like an increasing number of complex workplace relationship issues do not always lend themselves to meetings by Zoom and are often best dealt with in person. Scheduling of meetings with management and human resources has also been made more difficult because of managers' understandable preoccupation with Covid-related issues.

Difficult Cases – Restorative Practice & Legal Representation

Difficult relationship conflicts in the workplace between members and one or more of their senior colleagues, nurses, juniors, or managers continue to challenge our industrial team. While, as a union, our primary role is to represent members against whom complaints have been made, we recognise that we need to work with employers to ensure that staff are supported to have difficult conversations, and to resolve disagreement and disputes at the lowest level. We are supportive of the development of restorative approaches to conflict resolution – and this is likely to inform our approach to member support over the next year. Although five of our ten industrial officers are legally qualified, we also 'peer review' our opinions with external practising lawyers.

The financial year ending 31 March 2021 was our most expensive yet in respect of legal fees on behalf of members - \$257,853. In the two preceding years we spent \$105,510 and \$157,883, respectively. We will continue to monitor this aspect of our industrial budget but recognise that we cannot predict future legal costs with absolute certainty.

With the advent of a single employer (Health NZ) from 1 July next year, ASMS and the industrial team will need to work very closely with Health NZ, the Medical Council, the medical colleges, and the medical indemnifiers to find a way to ensure processes are developed to resolve workplace tensions without the need for protracted and expensive legal disputes.

Job offers and job sizing

Job offers for prospective members and job-sizing within services remain a very important aspect of the industrial team's work. The looming establishment of Health NZ has encouraged us to spend time identifying job size and workplace resourcing issues to inform the Association's high level 'political' work and policy work of the Executive Director and our policy and communications staff.

Member mapping and data

We have been developing methodologies and technological support to enable to map, benchmark and compare the terms and conditions of our members, along with pay, on-call, rosters, and FTE.

Gender pay

We have been pursuing individual cases as and when they arise. These are often incorrect step placement cases but have extended to allowances, inadequate remuneration of part-time work and departmental rostering and remuneration practices. These issues have driven the development of a more systems audit-based approach which we are preparing to pilot.

CME

We wrote a discussion paper on CME use during the Covid pandemic. We noted the ability to accumulate funds for five years had become more significant.

SMO engagement workshops

Very few engagement workshops were able to run this year due to Covid. It is hoped that several which had to be postponed can run in early 2022.

POLICY AND RESEARCH

The policy and research team is led by Dr Charlotte Chambers, Director Policy and Research and comprises Mary Harvey, Policy Advisor, and Lyndon Keene who is contracted to ASMS as health policy analyst. This small but high functioning team has produced a significant body of work in 2021 and ensures ASMS has a strong, evidence-based voice in the wider health space. Key outputs for 2021 included the following:

- A substantive publication: *Creating Solutions Te Ara Whai Tika*, based on the outcomes from our first virtual health conference
- A follow up report on SMO/SDO burnout five years on
- Submissions on a diverse range of issues including PHARMAC, bullying and harassment and Smokefree Aotearoa
- Two pieces of research focussing on mental health comprising a survey of psychiatry members examining their wellbeing and work demands and a quantitative analysis of the supply and demand for the mental health crisis in Aotearoa New Zealand.

The team provides ASMS with evidence-based analysis and commentary on core health matters including key policy developments, wellbeing of members, wider socioeconomic determinants of health, and unmet need for health services. The team ensures ASMS maintains active connections with other health unions, professional associations and the various colleges and produces internationally recognised research and policy commentaries.

Surveys

Surveys were utilised in 2021 to gauge membership views concerning the MECA negotiations, possible solutions and ways forward. A survey of psychiatrist members of ASMS was also rolled out with an excellent response rate of 70%. The annual salary survey was also underway at the time of writing.

Publications

- *Creating Solutions Te Ara Whai Tika* – a roadmap to health equity 2040
- Health Dialogue: *“My employer is exhausting”: Burnout in the senior medical workforce five years on*
- Health Dialogue: *Building the workforce pipeline, stopping the drain* – to match theme of Annual Conference 2020
- Research brief: *Rural Health at a crossroad: tailoring local services for diverse communities*
- Research brief: *What price mental health?*
- Health Dialogue: *Inside the frontline of the mental health crisis*
- To be released early 2022: A report on key indicators on health need, the health system’s response, projected hospital patient volumes, and projected medical workforce capacity.
- Ten articles for *The Specialist*, covering a range of current topics, including SMO burnout, the health Budget, mental health, rural health, health equity, and health system restructuring.

Submissions

- Ministry of Business, Innovation and Employment: Bullying and Harassment at Work
- Ministry of Health: Proposals for a Smokefree Aotearoa 2025 Action Plan
- PHARMAC Review Panel: PHARMAC Review survey
- NZ Productivity Commission: Immigration, productivity, and wellbeing
- NZ Medical Council: What to do when you have concerns about another doctor

COMMUNICATIONS

The Communications team is responsible for effectively conveying ASMS’ work, priorities and key messages to members, health managers, stakeholders, politicians, the media, and the public. We had some staffing changes with the departure of communications advisor Lydia Schumacher and part-time senior communications officer Eileen Goodwin. As of October, we now have two full-time senior communication advisors – Liz Brown and Andrew Chick – who report to the Executive Director.

Media

ASMS has a sustained and active media presence across the mainstream media which supports, reinforces, and optimises member and health sector advocacy.

Some key points:

- We receive an average of around 30-40 media inquiries a month.
- Thirty-two press releases were issued between Nov 2020-Oct 2021 and four opinion pieces published.
- In the same period, ASMS featured in an average 55 media articles – the standout month was May with 86.
- We moved to professional media monitoring to better track, measure and analyse our media coverage.
- The Executive Director has a strong and confident media profile.
- Concerted effort is being made to speak to members to inform our media comment or support members to speak out.
- Development of strong working relationships with several individual reporters.
- A stopworks media strategy targeting local media resulted in successful story placement in almost every provincial paper.

- We received strong coverage relating to our own reports, most notably the Annual Conference report on the workforce pipeline, as well as burnout and mental health.
- Media coverage has been enhanced by a focussed gathering and use of anonymised member quotes.
- A professional media trainer was contracted for a day of media training with the National President, Vice President, National Secretary and Executive Director.

Social media

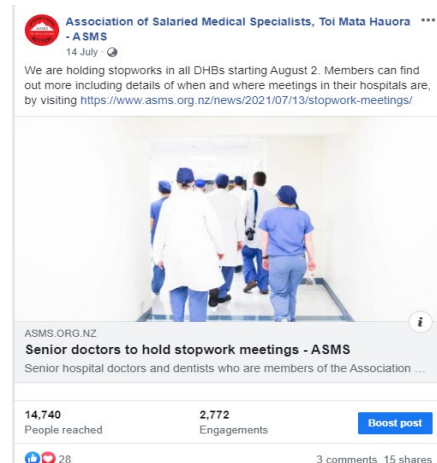
ASMS runs a Facebook page, and a Twitter account and helps to moderate the popular NZ Women in Medicine Facebook page. Sarah Dalton also has an active Twitter presence. We have increasingly developed social media as an effective engagement tool for the organisation with more interesting and creative content. Our follower base continues to grow significantly.

Twitter – we have 741 followers - up 220 from November 2020. Our top tweet (24,100 impressions – the number of people who saw it) was of a Newsroom piece written by Doctors Stand up for Vaccination.

Facebook – the ASMS Facebook page has 1,144 followers – and received a net gain of 138 followers during the reporting period.

A post of our press release on holding stopwork meetings was our top post. It had 2772 “engagements” made up of 487 reactions, comments and shares and 2285 clicks through to the linked press release.

The Women in Medicine Facebook page now has 5,800 members and has grown consistently, adding about 70 new members a month. It provides a useful touchstone tool for ASMS in identifying key issues among members and in the wider health sector.



We created our first sustained social media campaign in December 2020. Based on the 12 Days of Christmas, it listed 12 items we wanted from the health minister. Creatively it was distinctive with moving images and music. It was posted on Twitter and Facebook and got good pick-up including a like and comment from the Associate Health Minister Ayesha Verrall.

Hashtags were introduced at Annual Conference #asms2020 and at the Creating Solutions conference #creatingsolutions21 which encouraged social media use, promotion, and commentary around the events.

Website

A project team has been put together to look at re-designing the ASMS website which is no longer fit for purpose. It hopes to have a template to share shortly with a view to launching a new website in 2022.

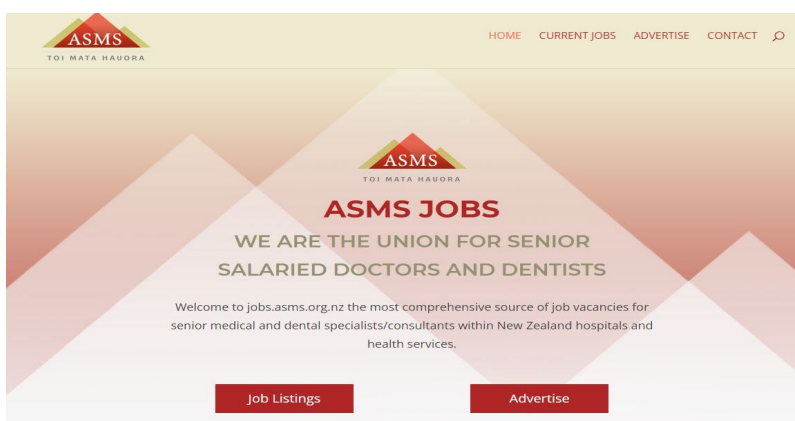
In the period 30 November 2020 and 30 October 2021, the ASMS website had 32,173 home page visits.

The top pages visited were:

- 2020-2021 ASMS DHB MECA
- Clause 12
- DHB Employment Conditions
- Doctors stand up for vaccination
- Stopworks
- Contact us

The job 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 50-60 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.

This year we are upgrading our job website for a better user experience. This is likely to be live by the end of the year.



Direct member communications

Direct member communications are primarily sent by email through the direct marketing tool Campaign Monitor. Key newsletters included membership surveys, DHB News, MECA Matters, National Directs, along with stopwork and JCC meeting notices.

Between December 2020-October 2021, 91 separate e-newsletters were sent to 124,077 email addresses. We had an average open rate of 52.6% which in the world of direct marketing is remarkably high. We also recorded a low unsubscription rate of 0.1%.

During the year we had a brief period in which our emails to members were being blocked by DHB IT systems due to heightened DHB cyber security, in the wake of the cyber-attack on Waikato DHB. We worked with DHB IT departments to resolve the issue and have also encouraged members to give us their personal email addresses to avoid DHB systems.

Communication tools

Infographics – we increased our use of infographics through both inhouse design and contracting to the design company Gusto. They have been used effectively in our reports, newsletters, on social media and in *The Specialist*.

Video – we produced a couple of short videos for use on social media and in newsletters.

Graphic design – using the design tool Canva we have boosted our in-house design capability to create posters and social media posts.

Photos – we use photos to visually enhance our content and showcase members. Most notably was the use of photos of members holding up signs about their work which have fed into our MECA communications.

Flags and banners – we ordered branded ASMS flags and banners to give us visibility at events such as marches and strikes. They were used effectively during the nurses' and midwives' strikes. Two pull-up banners provide a colourful backdrop for events and media interviews.



Publications and documents

The Communications team edits and manages the design, printing, and publicity for ASMS' reports, health dialogues and research briefs produced by the policy and research team.

There have been several significant reports during this reporting period (see Policy section).

Better graphic design features and infographics have been introduced into our publications. Notably we contracted out the entire *Creating Solutions* report to the design company Gusto to give it a unique look and feel from our other publications.

The Specialist continues to be a regular and key piece of work for the communications team. 36 members opted out of receiving the hard copy of the magazine during this reporting period, primarily for environmental reasons.

SUPPORT SERVICES

The Association's support services team reports to the Executive Director Sarah Dalton and comprises Manager Support Services Sharlene Lawrence, Finance & Technical Advisor Vanessa Wratt, Membership Officer Saasha Everiss and Support Services Administrator Cassey van Riel.

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

Specific projects in the past year have included:

- organising the Creating Solutions virtual conference.
- organising the 2021 Branch Officers' workshop and 2021 virtual Annual Conference.
- development and implementation of a new ASMS job website.
- starting work on upgrading the main ASMS website.
- completing the work to move ASMS IT systems from a server to a Microsoft Cloud based system, including our phone system.
- managing the administrative processes around recruiting new members including non-DHB.
- managing the election process for the National Executive and Branch Officer tri-annual elections.
- supporting the Association's communications work by managing distribution of our printed publications.
- ongoing work within membership to go paperless.
- organised and ordered collateral such as branded masks for members and staff.



ASSOCIATION FINANCES

The result for the year to 31 March 2021 was a surplus (before tax) of \$1,021,586. This is compared to the overall budgeted deficit of (\$900) and the re-forecasted surplus of \$1,037,011 as presented at November 2020 Annual Conference.

The main reasons of deviation from the re-forecasted budget for 2021 include:

- Subscriptions were \$144,071 lower than the re-forecasted budget. The subscription levels and rate of increase were lower than estimated in the November 2020 reforecast. However, subscription levels were \$180,337 over the original budget.
- Sponsorship was \$16,739 higher than anticipated due to sponsorship for Annual Conference being under budgeted.
- Collective bargaining fees were \$37,522 lower than the re-forecasted budget due to the timing of the MECA negotiations.
- Executive expenses were \$9,675 lower than expected, this was largely driven by a decrease in travel throughout the year.
- Industrial team costs were \$20,722 over the re-forecasted budget. This is largely due to increased legal fees incurred during the year being \$44,150 over the re-forecasted budget. This is offset by travel costs being \$91,044 below the re-forecasted budget.
- Joint Consultation Committees costs were \$67,681 lower than expected, this was largely due to travel costs remaining low and not rising as anticipated.

LOOKING AHEAD

The upcoming changes to the organisational structure of health care delivery in Aotearoa New Zealand will have a major impact on ASMS' work in 2022 as we move to a single employer.

The dissolution of DHBs and the establishment of Health NZ and the Māori Health Authority signal the need to review and revise the ASMS Constitution. The key element requiring revision is around the nature of the branch structure, which is currently aligned to DHB operational areas, and how it can best support member engagement. In addition, constitutional amendments will be required with the Incorporated Societies Act, which is expected to pass into law in April 2022. It is anticipated the National Executive will set up a working group to carry this out. Material will be sent out in the coming months around consultation on this, with a view to a formal membership decision at the 2022 Annual Conference.

We will be looking to restructure our JCC meetings to fit the new Health NZ environment. This is likely to involve regional site meetings with members and local managers. This will be a big focus for 2022.

We have already been talking with the Health NZ Transition Unit about better approaches to bargaining. If we want positive change across our health system, it must begin with fair terms and conditions for staff and an ability to retain and attract good people. We intend to meet with the senior Health NZ team as soon as it is appointed to establish a work programme leading into a future round of MECA negotiations. There will clearly be outstanding issues arising from the current bargaining round.

Industrial staff are busy with service sizing as a core work activity. However, we know there are many services which have been struggling to get traction on this important activity and we are actively encouraging members to get in touch if they need help in this area.

The Covid environment has meant pivoting much of our engagement and interaction with members, employers, and other stakeholders into the virtual world and onto Zoom. This will certainly continue while Covid remains a risk but will become a regular feature of the way we meet and communicate going forward. The result will be less travel for our industrial team. Having industrial officers based in different centres also allows for increased member engagement, and again reduces the travel burden.

We plan to continue work on developing an equity Kaupapa for our membership. Alongside this, we look forward to strengthening our working relationships with key members of the Māori Health Authority to best promote and effect equitable and inclusive strategies and policies.

Member wellbeing is a constant focus and priority. We are working towards the establishment of an ASMS wellbeing champions network as an added tool to support members in their workplaces.

We are determined to close the gender pay gap between men and women in the specialist workforce. The focus going forward is to understand some of the drivers behind the pay gap. We are pursuing a few individual cases on this issue but intend to take a systems approach.

Finally, we expect to be pushing hard around job and service sizing over the next 12 months. We know there are many services which have been struggling to get traction on this important activity. It is important, as we head in to the HNZ/MHA era that services have clear indicators and information about required staffing levels.