

# WHAT'S NEW IN THE MECA

## REMUNERATION

A one-off lumpsum payment of \$1800 (gross) to all members (for everyone who is a member and a DHB employee at the date of ratification and be pro-rated for part-time employees).

Overall increases to base salaries: average of 3 – 4% across the new term of the MECA (2-years)



An increase on the 20 December 2021 and a second increase on 7 February 2023. These increases are based on \$1800 for a 40-hour week for December and \$1200 for February.

This means that each category will get the following increases:

Category	December 2021 Increase	February 2023 Increase
F	\$2,000	\$1,400
E	\$2,300	\$1,500
D	\$2,600	\$1,700
C	\$2,900	\$2,000
B	\$3,300	\$2,200
A	\$3,700	\$2,500

*Increases will be applied to all salary categories except, non-urban, non-shift House Officer categories due to an error in 2018.*

## HEALTH NZ

As there is still so much un-certainty, we have agreed as part of this package that we will meet again later in 2022 following the move to HealthNZ, and complete an in-term review. This will include reviewing any impacted clauses to ensure that the change to HealthNZ doesn't create any disadvantage for RMOs and give us the opportunity to negotiate updates if required during the term of the MECA – this agreement is unique to STONZ.

## TRANSFER EXPENSES

More Flexibility! RMOs can now use this when you first step up to Registrar OR if not moving DHB at that point, can be claimed when you first move to another DHB as a Registrar.

## LATE ROSTERS

We now have an agreed escalation pathway for late publication of rosters and a way to hold Services and DHBs to account.

### WRITE A ROSTER?

The new MECA now includes that RMOs who write/manage rosters should be remunerated.



### 10/4 ROSTERS FOR NEW PGY1'S

What our members and TIs have told us is that it takes about 6-months to find your feet and that the role of a new House Officer is changing to what it was even 5/10 years ago. We've recognised that there are different needs at different stages of training so, in order to help the transition to House Officer and better support our new RMOs we have negotiated that new PGY1s will work 10/4 rosters for their first 2 quarters.

### DISCRETIONARY SICK LEAVE

Easier access if you need it. The numbers show that on average Registrars use less than 4 days Sick leave and House Officers less than 5 days\*\* each year. But should you need it, you can now access Discretionary sick leave much easier!



### COVID-19 SPECIAL LEAVE

The new STONZ MECA will acknowledge the COVID-19 Special leave chart which clearly shows when DHB employees can access special leave rather than using up Sick Leave. We've also negotiated that any changes to this have to be agreed.

### NOT SURE WHAT SPECIALTY TO CHOOSE?

There is now more flexibility around what MEL can be used for. i.e., if you're thinking about Radiology but haven't has a chance to do a Run you can use up to 2-days per year to observe another service.

## SICK OF WAITING FOR TRAINING REIMBURSEMENTS TO BE PAID?

DHBs now commit to processing reimbursements within 4-6 weeks!

## ONLINE TEACHING

Acknowledgement in the new MECA that some teaching is now often occurring online and clarification as to what should happen if teaching is regularly happening outside of normal hours. i.e., compensation.

## ADDITIONAL PAY STEP (when pass Part 1 or equivalent)

Previously this could only be claimed if you completed an exam as a Registrar but is now recognised if completed as a House Officer, not just a Registrar in order to better reflect how Colleges are changing pre-selection criteria.

## PART-TIME WORK

We've added the same clause as the NZRDA MECA to ensure that members are being treated equally and given the same opportunities to access part-time work.

## SENIOR REGISTRAR RATES

Previously Senior Registrars were not able to access the higher rates when working at other DHBs. Now, for those RMOs who return to a previous DHB to help out, but are not permanently employed they will be able to claim as a Senior.

## LUNCH WHILE WORKING A CBA

When working a CBA, usually RMOs are rostered a lunchbreak so are therefore not provided with a 'meal'. We now have an acknowledgement that RMOs working CBA's and who consistently cannot take a lunch break should be compensated.

## PHYSICAL FACILITIES

Updated to include beds for those on nights should be away from clinical area's & are prioritised for those RMOs who have significant rest requirements e.g., those on 7-nights or call-back.

## CROSS COVER

We are seeing more non-RMO positions added to services and rosters as a way to meet demand. We appreciate the need to this, but as part of the new MECA we have an agreement that no RMO should be expected to cover for non-RMO work unless specified. What this means is if a DHB or service is going to add a new non-RMO position then they will have to think about how to cover that person while they are on leave and not leave it to chance.

## ADMIN TIME FOR REGISTRARS

Acknowledgement that Registrars should have sufficient time in their working week to complete administrative work associated with their clinical duties and service development. This is vital for the run review process and ensuring admin time is not removed, and also counted as part of salary calculations.

SUFFICIENT  
ADMIN TIME

## BEST PRACTICE GUIDELINES FOR PARENTAL LEAVE

These guidelines outline what should be done before, during and on return from parental leave for DHBs and RMOs. It includes ability to request to have no long days, weekends or nights rostered in first month of returning from leave, and also includes the possible reimbursement of a breast-pump if the DHB cannot provide appropriate facilities.

## FAMILY VIOLENCE

We've added the statutory clause into the MECA to ensure RMOs are protected if they need it.

## CONTINUOUS SERVICE

We have extended the definition of continuous service for Rural Health Medicine Trainees to 12-months. This means that if a RMO rotates to a non-DHB employer for RHM training for more than 3-months, but less than 12-months, their allowances and CME will not be re-set and they will be able to access this immediately on their return, rather than having to wait another 12months.

## BEREAVEMENT LEAVE



We've added miscarriage or still-birth under the definition of bereavement leave – these are situations we really don't want our members having to fight to get leave for. We've also got much better clarity about the DHBs ability to offer discretionary bereavement leave if required.

## OVERALLOCATIONS

In the larger centers House Officers are often listed as 'Over-allocations'. This means that they can then be asked and moved to a different run. We've added an additional process for Over-allocations and definition of what 'communication' must occur in order to better protect these RMOs.

## Continuing Projects

### SENIOR REGISTRAR LEAVE

Senior Registrars are often required to swap their on call/afterhours shifts in order to take leave as it is difficult to provide a reliever due to the level and nature of their work. The project's purpose was to firstly better understand how leave is accessed and covered for RMOs, particularly those at a senior level and then develop recommendations to better support RMOs and Services.

### REMUNERATION PROJECT

RMO pay is complex. During 2021, STONZ worked on developing a possible remuneration model but in the end, it posed a number of challenges and we didn't believe we could deliver a better and more transparent model in this round of negotiations without also disadvantaging some groups. Instead, what we have agreed with the DHBs, is to revisit the project with dedicated resource and an agreement to work together over the term of this MECA.

### PSYCHIATRY PROJECT

During the 2020 bargaining it was acknowledged that there are specific and unique challenges that face Psychiatry trainees due to the nature and location of their work. The working group has

## HOME BASED ASSESSMENTS

Best Practice Guidelines for Psychiatry Trainees working in the community have been developed as part of the Psychiatry National Project, and aims to better protect our RMOs who are working out in the community.



### SICK OF WAITING TO KNOW IF YOUR MEL APPLICATION HAS BEEN APPROVED?

Medical Education leave requests now have to be responded to within 14-days. And if the DHB/Service is delayed for any reason, they have to communicate this with you!

been meeting regularly throughout the past year and have now developed a set of best practice guidelines for Home Based assessments which will provide better protection for RMOs. The next phase of the project will be to start working through some of the longer-term challenges which were raised via the survey we completed with trainees across NZ.

## New Projects

### MEALS

This project will be to work with DHBs to see if it's possible to develop a pilot programme to trial whether it's even operationally possible to offer a meals allowance for those who would prefer this over receiving a DHB provided meal. Noting, we are not looking to get rid of meals! We are just going to explore whether it's even possible to offer an allowance as an option.

### ED/ICU ROSTERS

Due to the shift work nature of ED/ICU the DHBs have agreed to work with us in order to evaluate compliance across DHBs and work collaboratively to better support development and ongoing pressures on ED/ICU rosters.