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Dear Dr Brahmhatt

Employment conditions for junior doctors in New Zealand

Thank you for your letter dated 13 November 2012 seeking our association's views on working conditions for junior doctors training in New Zealand.

As you allude, this is indeed a very broad topic. It is also a particularly busy time of the year for junior doctors in New Zealand, with house officers and registrars transitioning between jobs/rotations. Nevertheless, as well as providing my own views, I have approached my colleagues in the Doctors-in-Training Council (DiTC) for their feedback. Some of the key themes to emerge relating to working conditions for junior doctors in New Zealand are summarised below.

Main positive aspects of working conditions

- The general feeling is that junior doctors in New Zealand are well reimbursed for the hours worked.
- The union (Resident Doctors Association) representing this group of doctors is strong, easy to contact and negotiates well on behalf of its members.
- Working conditions are closely monitored by the union and there are restrictions on the number of consecutive hours and days worked.
- Extra duties to cover staff shortages are reimbursed.
- There is a requirement for rosters to be made available at least one month in advance.
- Free lunches for junior doctors are provided at most hospitals.
- The costs of an annual practicing certificate and indemnity insurance are reimbursable.
- Access to teaching is enshrined in the employment contract.
- Relevant training fees, exam fees, and the costs of travel to exams and courses are all fully paid for.
- There is generally good mentoring from senior medical officers.

Main negative aspects of working conditions

- A number of centres have 24 hour call rosters which can adversely impact on training opportunities on the following days.
- An increasing number of unfilled positions across specialties mean there is frequently a requirement to cover shifts in addition to one's own.
- The Multi Employer Collective Agreement (MECA) can be inflexible.
- Limits on hours can restrict learning opportunities.
- There is often no time to avail of the free lunches.
- While penal rates are stipulated in the MECA, there is variable compliance among District Health Boards (DHBs). In addition, penal rates are set for DHB-based doctors; GP trainees tend to be at a disadvantage.

Hours of work

- There is some variation in the perception of whether hours worked are acceptable or onerous.
- Examples of hours worked include: 55-60 hours per week for a Senior Registrar in Anaesthesia; 65+ hours per week for a Junior Registrar in Orthopaedics.
- There is a stipulated maximum of 72 hours in a week; this is still a lot.
- Hours worked generally tend to be monitored closely only when there is an issue or query over pay scales.

Training

- Protected training time is built into the employment contract, although in practice, various factors may impinge on this.
- Training costs are included in junior doctors' terms and conditions; this aspect was felt to be particularly useful compared with systems where overall salaries are higher but trainees are expected to pay for their own training.
- The framework and curriculum relating to prevocational training for junior doctors is currently under review. By and large, vocational training is run separately by the relevant college.
- There are some concerns that community and outpatient exposure during training is quite limited. In part, this is because most community work (e.g. General Practice) is in the private sector which makes it more difficult to negotiate training.

Comparison with other professions

- Compared with the general populace, junior doctors are obviously quite highly paid but this comes with greater responsibilities, the sacrifice of longer working hours and the requirement to be available for after-hours work.
- Remuneration for junior doctors compares favourably with other 'high end' careers such as lawyers and accountants.
- There certainly isn't any feeling of being disadvantaged compared with other professions.

Please note that this is not intended to reflect a definitive or comprehensive account of what it's like to work and train in New Zealand. For further details relating to employment terms and conditions, you may wish to refer to the Resident Doctor's Association & District Health Boards Multi Employer Collective Agreement which is available at: <http://www.nzrda.org.nz/> I hope this information is helpful in terms of giving you a better understanding of how conditions in the UK compare internationally. I would be happy to elaborate on any of the

points raised above or to answer any additional questions you may have about what it's like to train and work as a doctor in New Zealand.

Yours sincerely

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