Good enough reasons to strike?

Sarah Hughes
Anaesthetic Registrar
Dunedin Public Hospital
Dunedin

Sarah Hughes is an anaesthetic registrar and a member of the Resident Doctors Association. We asked her to explain the reasoning behind the recent junior doctors strike from her perspective and give us some insight into the working life of a resident doctor.

As a junior doctor I'm reasonably content with my current working environment and conditions. I found it extremely hard to decide to join my colleagues in strike action earlier this year. As doctors, we work for our patients, so walking away was a struggle with my own personal and professional ethics. Despite the media concentrating their reports on pay and conditions, these are not the reasons I went on strike…'85..

Life for me as an anaesthetic registrar at Dunedin Public Hospital is pretty good. I'm on the South Island Training Scheme, and passed my primary exams last year. This year has been about gaining experience, next year I change hospitals as part of the rotation and start to study for the final exams, then begin looking for a fellowship position.

The Dunedin anaesthetic department is a good place to work – the roster is fairly user-friendly, leave is generally available when you want it, the pay is appropriate (after a recent run review – a process to look at actual hours worked, and using these to determine pay scales) and the senior staff are mostly friendly and approachable, with regular teaching that is generally well-organised.

In terms of rosters, there are normally between 8 and 10 registrars working, so we work one set of nights (71hrs per week), one set of evenings (3.30pm-11.30pm) and one weekend (two days, 8am-7pm) every 8-10 weeks. Generally the theatre operates until midnight, with only emergency cases and obstetrics taking place overnight. We are lucky, on nights we have a bed to sleep in when things are quiet – one of only two resident medical officer's (RMO's, more commonly called junior doctors) in the hospital with this privilege. In addition, most weeks we work one evening "on-call" where we are required to be within 20 minutes of the hospital until 11pm, and provide a back-up service for the evening registrar, most often being called in to deal with obstetrics. Sometimes, leave or staff shortages mean that the roster is a little tighter – for instance I've just worked a set of nights, had a weekend off and then done a set of evenings – essentially two consecutive weeks of disruption to my home life, which my partner and I both found tough.

Being in a training position means I get my training costs refunded, and leave for study and courses etc. Training costs can be huge – the anaesthetic ollege fees per year are about $1200, exams may need to be sat in Australia, and can cost approximately $1800 each. This is cheap however when compared to other specialties (e.g. surgical training). Then there are the textbooks and courses - one recommended text costs approximately $960 and last year I attended a course in Australia for two weeks prior to the exams – course costs, flights, accommodation and food were all refunded.

My training requires me to move to a different hospital next year. Under the current multi employer collective agreement (MECA) many of the costs involved in moving a household are refundable, things like real estate agents commission, lawyer's fees, and moving expenses.

In general then, I'm satisfied with my current conditions. I work hard, on average many more hours a week than non-medical friends. I study hard for exams, but I feel I get appropriate remuneration, time off and help with my training. I paid little attention to contracts, and joined our union, the Resident's Doctors Association (RDA) mainly to receive superannuation benefits. This all changed when I read the Memorandum of Understanding (MOU) put forward by the District health Boards (DHB's), and I felt compelled to get involved and go on strike to make sure my conditions didn't deteriorate.

The main aim of the MOU seems to be setting up a committee – now (not originally, this has changed with negotiations) composed of an equal number of RMO's and DHB representatives, that can alter our conditions without first consulting us. Our right to veto these decisions is apparently "implicit"; the DHB's have refused to make this explicit, just as they haven't explained to us the purpose of the MOU, or which conditions they want to change. The MOU is a vague document, and seems to expect a lot of good faith and flexibility on our (RMO) behalf, without saying the DHB's will do likewise.

Whilst the above points make me suspicious of the MOU's motive in general, some points that relate specifically to me are mentioned below. I am training to be an anaesthetic consultant to work in the NZ health system, but I am also an individual with a partner, not just a resource to be used by my employer.

- The MOU seems to threaten the refunding of costs of training. I work exactly the same roster as my non-training colleagues (but I cost the hospital more to employ in terms of study leave etc), I should be paid the same, and not penalised by then having to pay the training costs, otherwise it would be very easy for me to think locuming attractive.
- I believe my departmental colleagues and I should be involved in decisions about changes to rosters etc, within an accepted framework

i.e. the MECA. A committee knows nothing about my lifestyle; would I be asked before being expected to work split shifts (e.g. 8-12, 4-8) or other such alterations? Such rosters would probably also decrease the amount of training work available i.e. reducing the time spent in theatre with a consultant.

• Moving cities frequently is part of being a RMO, I always knew I would be moving after two years and my partner and I are preparing for it – selling the house, my partner finding a new job etc. Will the MOU allow employers to use me as a deployable resource and will this mean more disruptions to my home-life?

• The DHB's seem to be content to sit it out, and wait for the MECA to expire – the contract remains in place until one year after expiry which will be January 2007. They can then issue us all with individual employment agreements (IEA). I'm changing employers in December; will I then have to negotiate my own conditions? The DHB's, frustratingly, keep delaying negotiations and have stated in a leaked memo that they see these IEA's as preferable to a MECA.

• In a few years time I will (hopefully!) become a senior doctor, i.e. a consultant. It was tempting in my current position to ignore these negotiations as not likely to affect me personally too much, but the issues raised concern me so much I feel I had to act for the sake of future junior doctors.

I see many unanswered questions in the MOU and issues that seem to suggest my working conditions could get a lot worse. I can not see any obvious benefits to the MOU. With all the above issues I see no other choice but to continue resisting the introduction of the MOU, at whatever the cost. I, like many other RMO's, have become more suspicious and wary of the DHB's agenda, which seems to be the opposite of their aim at the outset. We aren't asking for a pay rise, we are just asking for our present conditions to be continued.

It's been an interesting and stressful few months, and incorrect media reporting about our reasons for striking has added to the frustration. Once again, I didn't strike for pay or hours, I just want to keep the conditions I've got now both for myself and future junior doctors.

FEATURE: CONFERENCE REPORT

AMSA Conference Report

James
Third year student
Dunedin School of Medicine
University of Dunedin

James blurb to ome

The second week of July this year saw over 800 medical students from around Australia and New Zealand descend on Perth for the 47th Australian Medical Student's Association Convention.

The Academic program was raised to new heights with some of the biggest names in medicine addressing the students through a mix of over fifty lectures, workshops and fieldtrips. Some of the highlights included the inspirational Laureate Professor Barry Marshall, who discussed his experiences as a researcher and 2005 Nobel Prize winner. Dr Graham Wicks from Adelaide discussed the background to and medical benefits of hypnosis, including a demonstration of hypnosis on academic committee member Austen Shenn! Ian Frazer, the 2006 Australian of the Year, inspired students through his amazing research, which could see cervical cancer eradicated in a generation. The academic program concluded on Friday with an address from 1996 Nobel Laureate Peter Doherty on global pandemics, as well as Dr Mukesh Haikerwal, AMA President. The final of the AMSA Ethics Debating Series, which ran throughout the week was won by UWA.

On Sports Day med schools battled it out in the 7-station Welch Allyn AMSA Emergency Challenge. There were even some casualties amongst the competitors, with one student, forgetting his negotiation skills, being 'stabbed' after trying to restrain an aggressive patient in the domestic violence station. Congratulations must go to the University of Adelaide team, who narrowly beat the University of Western Australia to claim the title, (and some great prizes). Adelaide strongly defended the Cascade Cup for another year, making it more times than anyone other than Adelaide cares to remember, however UWA managed to pipp the Adelaide girls at the post to win the Pipp's Cup. The Kiwi's lycra costumes were definitely the best on the day, but just weren't enough to snag a trophy.

The social program again proved that medical students like to work hard and play hard. Starting at Fremantle Passenger Terminal, on the harbour, the naughtiest of nautical nights kicked of the week. Convention (and the town of Claremont) saw it's first Carnivale Parade on Monday as the delegation shaked their tassles. Wednesday night saw Toga unleashed on Convention, whilst Thursday brought back one of the themes from the Perth 1999 AMSA Convention proving the old adage less really is more. Friday was one of the wildest events in memory with cages proving a useful dancing accessory. Saturday night, held at Challenge Stadium, was the AMSA Grand Ball where the amazing week finished in style to the sound of the WA Jazz Youth Orchestra.

Many thanks must go to the hard working Convention committee, and the sponsors of AMSA and the Convention were an integral support. It was also a pleasure to host the Kiwi delegates, who definitely added a certain "class" to the event. We look forward catching up with our friends from across the Tasman next year, at the 2007 AMSA Convention, to be held in Adelaide in the first week of July.

For more information on the 2007 program – www.adelaide2007.com or email the 2007 Convenor, Matthew Rackham – convention2007@amsa.org.au