MERAS
Midwifery Employee
Representation & Advisory Services

Christmas 2020

2020 | INTERNATIONAL YEAR OF THE MIDWIFE
Celebrating Midwives

Happy holidays from your National Representatives Council

Wishing you a special time with your families, friends, and colleagues these holidays after a crazy year: *Left to right: Caroline Conroy (Co-leader, Midwifery), Emma Woodward (Waitemata rep), Joyce Croft (Northland rep), Alison Eddy (College of Midwives CE), Jaimee Bamford (Upper South Island rep), Holly Mudford (MidCentral rep), Victoria Christian (Auckland rep), Jennifer Fletcher (Maori Midwives rep), Bronwyn King (Deputy Chair, Upper South Island rep), Verity O'Connor (Wellington rep), Claire McDonald (College of Midwives Advisory Officer), Jill Ovens (Co-leader, Industrial), Kelly McConnell (Counties Manukau rep). Missing is Michelle Archer (NRC Chair, Southern rep).*

DHBs highlight Government's commitment to lower paid workers

Negotiations with DHBs to renew the MERAS MECA made more progress than we expected at our first two days last week.

Not surprisingly, the DHBs advocates have been told they need to exercise restraint because of the Government's Covid expenditure blow-out.

The Government is asking public sector employers to negotiate flat rate increases (to be added to existing rates) as their commitment is to increase pay for lower paid workers. We were told there would be no increase for those on more than $100,000 a year.

We told the DHBs' advocates that we could agree to the same dollar amount on all pay rates based on a percentage increase of the step 7 core midwife scale.

However, if there is to be a limit on pay increases for higher paid employees, it should be above $130,000 a year to include senior midwives.

We don't agree that $100,000 is a particularly high salary for health professionals and to exclude senior midwives would be an equity issue, given that senior doctors got a 1.9% pay increase across the board earlier this year.

Other unions are considering 12 to 15-month terms due to the wage restraint requirement. The DHBs indicated they could be in a better position next year. We said we could agree to a 15-month term which would avoid negotiating through the Christmas period. This would mean our MECA would expire in April 2022.

We clarified that the rates paid to midwifery undergraduate students who are employed by DHBs as maternity support workers would be same as HCA rates. We want the steps to relate to the student's year of study and to start on at least $44,849 to equate to aged care HCAs as of 1 July 2021.

Fixing Holidays Act problems and flexibility issues

DHBs are in breach of the Holidays Act with respect to "casuals". For the MECA is to achieve compliance with the Act, the definition needs to differentiate between those working on an "intermittent and irregular" basis and those who are in fact permanent part-time but do not have fixed hours. We are mindful that casuals who work on a regular basis still want to keep their flexibility.

We know that flexibility of rostering is important to all midwives and the DHBs did not seem to be opposed to incorporating the MERAS roster principles in our MECA.

Community midwives employed at some of the larger DHBs raised the issue of greater flexibility of hours and also having working from home as an option. There is a trial underway at CMDHB, which can inform our claims in the next round.

Incentivising night shifts

We said that the Sunday night shift should be paid T1.5 till 7am (currently T1.25), and that the night shift rate should move to T1.5 during the week and T1.75 on weekends to help maternity services to fill these shifts.

Improving leave conditions

Statutory sick leave will move to 10 days in June 2021 so won't be pro-rated for part-timers and the first 10 days will be paid at the statutory rate of relevant daily pay (RDP) or average daily pay (ADP) where you don't know what you would have earned that day.

The DHBs say an increase in sick leave to 15 days is hard to justify as the average sick leave in the DHBs is 8 days a year. However, most midwives have pro-rata entitlement so this average would be skewed for our members by midwives not being eligible for the full 10 days.

We have confirmed that you are supposed to be given special paid leave while waiting for Covid results, and then if you have a negative result and you are still sick, it is sick leave. The same applies if you test positive. However, we do not agree with having to use sick leave for any communicable disease contracted at work.

We acknowledge that DHBs need to restrict the availability of Annual Leave from mid-December to the end of January to meet service requirements. However, some of the current restrictions seem excessive, and you must be able to take at least two weeks continuous Annual Leave at some stage during the year.

There is an issue with Waitangi Day and ANZAC Day in 2021 and 2022 as these days fall on the weekend and are Mondayised. If you work on both the Public Holiday and the following Monday, it is our position that you should be paid T2 on the actual day (plus an Alternative Day) and T1.5 on the Monday (the weekend rate).

We discussed the need for better support for midwives experiencing work-related adverse events and being expected to "keep calm and carry on". We are seeking special paid leave and access to psychological support.

We have continued to push for the top-up for Paid Parental Leave to apply over the full 26 weeks, and for other improvements to Parental Leave.

Opening up opportunities for midwives

We are claiming retention allowances where vacancy rates are above a level to be agreed through these negotiations. Some DHBs have already introduced these, but there needs to be consistency about guidelines.

We have tabled the Midwifery Career Pathways which we want to be incorporated into the senior midwives' scale with agreed nationally consistent grades.

We are also seeking a separate process and framework for evaluating midwifery roles, including the use of equitable job evaluation (EJE), the tool we are using in the Midwifery Pay Equity process.

We said it was unrealistic to expect midwife managers to be on-call to support roster shortages or to respond to code orange or red VRM, without access to overtime or penal rates. This is also an equity issue as doctors get full pay when on-call and T1.5 for a telephone consult.

We argued for the higher duties allowance to be used for shift co-ordinators in units or on shifts where it is not practicable to appoint designated senior midwives for this role.

Addressing allowances, parking and uniforms

We noted that E tū has a laundry allowance where laundry services aren't available, and footwear is either supplied or members get a voucher to buy their own.

We agreed with the DHBs that parking issues probably need to be dealt with locally as cross-unions engagement with specific DHBs as is happening currently at CCDHB and Waitemata DHB.

We want midwives' uniform colours to clearly identify the wearer as a midwife.

We said free accommodation needed to be provided by DHBs when midwives are required to work away from their home base due to midwifery shortages elsewhere or in response to a pandemic.

Standardising professional development

We have proposed an individualised professional development entitlement. Currently the MECA provides for grants and leave practices that were in place at each DHB at the time MECA was originally agreed, so there is no consistency.

We also argued for a contestable fund for midwives linked to the career pathways, with additional paid opportunities, including where a core midwife needs to do post-grad study to apply for a senior role.

Refund of APC highlighted

The ideal solution to the issue of APC reimbursement would be a return to DHBs paying the Midwifery Council directly. However, if this is not possible, then DHBs need to process the reimbursement in the same pay period. We undertook to work with the Midwifery Council to ensure receipts are issued promptly.

Where casuals are employed on a regular basis, DHBs should pay their APCs, or a proportion of, based on average hours worked in previous 12 months.

Addressing KiwiSaver inequities

DHBs subsidise senior doctors' employee contribution to KiwiSaver $1 for $1 up to a maximum 6%. Midwives get a maximum of 3% employer contribution. That is elitist and unfair.

We also want to clarify our MECA clause to make it explicit that the employer contribution to KiwiSaver continues past age 65.

Employer claim tabled

The DHBs want to include provisions around more timely change management processes in a pandemic or civil emergency.

Caroline Conroy, Co-leader (Midwifery)
Jill Ovens, Co-leader (Industrial)