



## Frequently Asked Questions

### DHBs MECA July 2021

Below are some questions members might have from our presentation of the DHBs' offer...

1. *What do we mean by a bargaining fee to be paid to MERAS by non-union midwives with same fee as MERAS members?*

A description of what is a bargaining fee is on the website along with the steps we need to go through. It only applies to midwives who are not members of either NZNO or MERAS. They will pay the same fees you do every week from their pay, but they are not MERAS members so all they get is the pay rise and other conditions, but we won't represent them if they get into trouble.

2. *What are the implementation guidelines the DHBs will be issuing in relation to designated senior midwives? Are these situations when charge midwives or management respond to acute staffing problems in general by working overtime and not getting paid?*

There are a number of conditions under the MECA clause 8.5 when they have been offered time off in lieu which they can never take. But they could have been getting overtime and penal rates. We are making it clear that this also applies when managers respond to acute staffing problems.

3. *What date did we ask to be back paid from?*

Our MECA expired on 31 January 2021 so it is 6 months from then till the proposed date of the pay rise. When the DHBs cancelled our negotiations in March, we sought a commitment that this delay would not affect your backpay. This commitment was given. Every time the DHBs raised the issue of the August effective date, we said "NO", this would not be acceptable to our members as the last pay rise in August 2020 was only for 6 months. The DHBs say the Government has banned advocates offering more than one increase in a 12-month period, but this was not the case back in 2019 when we negotiated the short-term extension of the MECA with a 1.25% pay rise. We view this as a breach of good faith.

#### 4. What is the issue about Waitangi Day and ANZAC Day transfer arrangements?

If a midwife works both on Christmas Day or Boxing Day and the transferred Monday or Tuesday, she will get double time on the Public Holiday and then time and a half on the transferred day, i.e. the weekend rates she would have got had it not been a Public Holiday. This also applies to New Year and the day after. See MECA clause 15.5. But this does not happen with Waitangi Day and ANZAC Days when these fall on a weekend. See MECA clause 15.6. You just get ordinary time on the transferred day. Note that only one alternative day applies in any of these cases.

#### 5. Why have the DHBs turned down our offer of cross-union negotiations around KiwiSaver 6% employer contribution, Annual Leave after return from Parental Leave and night shift penal rates?

These were claims we tabled right from the start in early December. The DHBs said they couldn't move on any of these issues as they also affect other unions' members such as NZNO, PSA and E tū. So I wrote to those unions earlier this year and suggested we negotiate jointly to address these problems. I also raised it with the other unions at the National Bipartite meeting. But the DHBs said no.

The issue with the KiwiSaver is that doctors get an employer contribution up to 6% to match the doctor's contribution, but midwives only get 3%. This applies to NZNO, E tū and PSA members as well. We also have a long-standing issue at three DHBs that stop the employer contribution for MERAS members on their 65<sup>th</sup> birthday. We first raised this in 2018, it was discussed at the last MECA negotiations, we gave the DHBs concerned our legal advice last year, and we have followed up on multiple occasions, but still no response. In the meantime, some of these midwives have retired.

The issue with Parental Leave is that when you return to work and then take Annual Leave, you will be paid an average of the previous 52 weeks. While you accrued Annual Leave while on Parental Leave, you were not paid, so your Annual Leave is not worth much, depending on how long you had on Parental Leave. The DHBs pay doctors full pay when they go on Annual Leave after Parental Leave. The Labour Government is going to fix this up in the legislation next year, so you will get full pay then. But in the meantime, you are disadvantaged, as are NZNO, E tū and PSA members.

The issue with night shift penal rates is that it is difficult to fill rosters on night shifts, especially on the weekend. We wanted an increase in night shift penal rates to incentivise these shifts.

#### 6. What do we mean by working to rule?

Working to rule is a form of industrial action where the employee will follow the rules and hours of their workplace exactly in order to reduce their efficiency and output; doing no more than their contractual agreement requires.

This can mean sticking to the MECA, like taking meal and rest breaks you are entitled to. It can mean a ban on overtime or a go-slow. However, if you refuse to do tasks you would normally do, this can be regarded as a partial strike and you could have your pay docked.

This form of action can be disruptive at your worksite, and can certainly be worth doing, but will not attract attention of those decision makers who influence the MECA negotiations, such as your CEs, Ministry of Health, and Government Ministers.

Also, many members find it hard to say "no" to helping out when there is no one to relieve them.

### *7. Why are we planning for strikes?*

The goal of industrial action (strikes) is to demonstrate how strongly members feel about the employer's offer and also, in the case of midwives, to make midwifery more visible.

The pay equity process has highlighted the problem of recognition of midwives' knowledge and skills. We cannot take industrial action over this process. However, industrial action in support of better pay and conditions in the MECA does allow for the importance of midwifery to be raised in the media and with decision-makers, including the Ministry of Health and the Government.

When the union issues notice of industrial action in essential services, i.e. strikes, this initiates urgent mediation. We have only been able to get the DHBs full team to meet with us once and that was back in January. This would force them to meet with us with the Midwifery Leaders' representatives there.

Issuing strike notices also initiates a process of the DHBs and MERAS ensuring that life preserving services (LPS) can be provided. A document about LPS is on the website. If you volunteer for LPS, you must only help out when a woman's life is in danger or that of her baby! Inductions of labour should only be underway if it is a life-threatening condition. The same applies to postnatal care such as breastfeeding support.

When you vote on industrial action, the ballot has to be a secret ballot and the wording has to say "I vote in favour/against the strike." This means we have to have a plan ahead of the vote about when the strikes will occur, how long they will go for, and where they will happen. You are voting on the plan that has been developed by your negotiating team in conjunction with workplace reps.

We found in the last MECA round that the rolling strikes were easier to manage and attracted media attention over a whole week, rather than just one day.

As the goal is visibility, it is important to have an action during the day, which does not have to be for very long. The key is to get public support and media attention. As the last day of Parliament sitting before they go on recess is on Thursday, 12 August, that is the ideal time for a rally at Parliament and presentation of a petition.

The following week, MPs will be back in your electorates as Parliament is in recess, so this is a good time to go and meet with them with a delegation of your colleagues. That is why we are suggesting a further strike on 19 August. That happens to coincide with one of the dates NZNO members are voting on for an 8-hour strike.

Your negotiating team is recommending that you reject the DHBs' offer and vote YES to the strikes.

*8. What is the timeline on a settlement from the pay equity process?*

The process of assessing selected midwifery roles and those of male comparators has been completed. We are now evaluating the remuneration of these roles to establish whether there is undervaluation of midwives due to the fact that most midwives are women and if so, what is the extent of the undervaluation.

The next step is the negotiation of new salary scales to address the undervaluation. The Government is pushing the DHBs to speed up this process. We anticipate that the negotiations will start in August or September, and that an outcome could be an interim adjustment of the rates in the meantime.

We have concerns about the pay equity process that could delay a final settlement.