



ASMS



TOI MATA HAUORA



THE ASMS AND THE 'NON-DHBS'

- We represent over 4700 senior doctors
- Most are in DHBs
- A few are GPs and they are covered by the MECA
- Around 250 are 'non-DHB'



WE SEE A PROBLEM

- Conditions of employment vary widely, both between and within practices. We believe that GPs with the same qualifications and experience should receive similar packages
- There is an issue of a gender pay gap
- Where you practice should not affect what you earn, your wellbeing or other conditions

Choosing to work in poor areas (especially VLCA) should not mean GPs have to subsidise the practice



THREE KEY AREAS OF NEED

Our negotiations in our GP practices aim to improve conditions to stop issues that are common around: -

- Health and Safety (including well-being)
- Professional Development
- Salaries and Allowances (and we note – it is not all about the money)

REMUNERATION

- The median salary range for GPs is \$100k - \$125k pa
- The average salary increase for GPs across 2016 – 2018 was 1.125% pa (less than CPI)
- Salaries are not keeping up in most cases
- The should be parity with DHBs

CME / CPD

TO STUDY MEDICINE WITHOUT BOOKS IS TO SAIL AN UNCHARTED SEA, WHILE TO STUDY BOOKS WITHOUT PATIENTS IS NOT TO GO TO SEA AT ALL

- PD for GPs is commonly seen as being in their own time
- There is usually no concept of non-clinical time
- There are generally no guaranteed funds for suitable activities
- There is no paid leave
- This is not the case where doctors have collective agreements.

STUDY, SECONDMENT AND SABBATICAL LEAVE

- GPs should have some opportunity for paid leave for secondment
- GPs should have opportunities for sabbatical leave
- Some GPs on CEAs get these benefits

WELL-BEING

- Being well is critical to being an effective 'good' GP
- Good well-being is critical to being well
- Well-being conditions include good paid leave, flexible hours, time for non – clinical activities, good facilities, personal and clinical safety, sick leave, etc

'PROFESSIONALISM'

- GPs (and other Doctors) seem to be expected to sacrifice their own well-being for the good of their patients – but – to be a good doctor you have to be a well doctor –
- Pressure to self sacrifice is sometimes hidden as 'professionalism'

SO – AN ANSWER?

- *We have no answer for self employed GPs (practice owners, partners, contractors) because the answer is in their own hands. “A conflict of interests occurs when a directo*
- *For employed GPs this is an old fashioned situation of collective voice giving collective outcomes through collective agreements*

