

RESIDENT MEDICAL OFFICERS – Fact Sheet 2

FACT SHEET # 2 : RMOs' HOURS OF WORK

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Content

This Fact Sheet provides background information around the current RMO pay negotiations.

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Authorised by

This information has been authorised by the Director of the Employment Relations Team (Services Unit, TAS) on behalf of the 20 DHBs.

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Resident Medical Officers (RMOs) hours of work are a longstanding issue for health systems both in New Zealand and internationally.

Historically, as the term “Resident” implies, it was expected that a significant amount of an RMO’s time was spent ‘in house’ including requirements for extensive night and weekend duties.

New Zealand has been at the forefront of moves to reduce RMO hours and the RMOs’ two unions – New Zealand Resident Doctors’ Association (NZRDA) and Surgical Trainees of New Zealand (SToNZ) – have been an effective champion for their members.

Given RMOs are a ‘workforce-in-training’ they continue to work differently to most other DHB workforces.

RMOs usually work to individual service rosters where night and weekend duties are shared and consequently most RMOs’ hours of work will typically vary week-to-week. Actual hours of work reported by RMOs to the medical council show a steady decline over time - current hours reported are:

- 53.2 per week for House Officers
- 50.6 per week for Registrars

The current collective agreements with the NZRDA and SToNZ set out a framework of maximum duty hours in services other than Emergency Departments and Intensive Care Units. They recognise the 24/7 nature of healthcare and that additional duties are required to care for patients.

Limits on working hours

The following table highlights limits on working hours incorporated in each of the union MECAs:

Provision	SToNZ MECA	NZRDA MECA (includes Schedule 10)
Workload assessment not greater than 60 hours per week averaged over 4 weeks	Yes	Yes
Not rostered more than 72 hours in a week	Yes	Yes
Penalty if rostered more than 72 hours in a week	Yes	Yes
Penalty if worked more than 144 hours in a fortnight	Yes	Yes
Duty not to exceed 16 hours	Yes	Yes
No more than 2 long days in 7	Yes	Yes
Long day is 10 hours or more	Yes	Yes
Night shift of 12 hours but long day reduced accordingly	Yes	Silent
No more than 12 consecutive days on duty and/or on call	Yes	Yes, except no more than 10 consecutive days worked on Schedule 10 rosters (around a third of the > 400 rosters in place)
No more than 4 consecutive nights	Yes	Yes
Except up to 7 consecutive nights if agreed and opportunity for rest/sleep	Yes	Silent, except up to 5 nights where operating when MECA ratified
7 nights cannot be 12 hours in length	Yes	Yes
Every second weekend free of duty	Yes	Yes
Exceptions to 2 consecutive weekends in 5 or 6 or 7 weekends depending on roster	Yes	Exception of 2 consecutive weekends in 6 weeks and exception for 1 in 3 weekend provisions
Aspiration of 1 in 3 weekends	Yes	Silent
Aim for minimum break between duties of 12 hours	Yes	Silent
Minimum 8 hour break between duties required	Yes	Yes
Fatigue management principles	Yes	Yes
Provision of taxi in certain circumstance	Yes	In Terms of Settlement
Penalty payment if 8 hour break not provided	Yes	Yes
Rostered days off for weekend work	No	Yes
Deduction for Rostered days off	Not applicable	Yes
Variations/alternative arrangements	Determined at DHB level with affected RMOs	Requires NZRDA Head Office agreement

How different countries approach limits on hours of work

Internationally, approaches to limits on hours of work differ and there is no uniform set of rules.

Australia and New Zealand

In Australia and New Zealand, the Royal Australasian College of Surgeons, in its Position Paper – Standards for Safe Working Hours (reviewed 2016) states:

- There is compelling evidence from USA, UK and Europe that the ideal working week for surgical trainees is 65 hours to maintain training and safe patient quality care.
- Less quality training and shift work during training leads to less generalist surgeons as more graduates take up sub-speciality Fellowships as de-facto extensions of training. This leads to fewer future surgeons to work on call and fewer surgeons to work in regional areas.
- The College continues to endorse the principles of minimising fatigue in rostering practices and within the surgical work place.
- Evidence for what constitutes “safe” working hours and levels of fatigue for trainees and surgeons is virtually non-existent.
- Restricting work hours could lead to negative effects from decreased continuity of care, increased hand-overs and decreased registrar training opportunities.

Guidelines for working hours:

Based on the principles of the 2007 Position Statement for Safe Working Hours, and evidence based practice around fatigue minimisation rosters:

- a. Aim for minimum 12 hour continuous break in any 48 hour period.
- b. Avoid work periods greater than 12 hours for more than 2 sequential days.
- c. Aim for a minimum of 24 hours continuous period per week where the trainee is not working (or two full days per fortnight).
- d. Cease on-call rosters that are less than 1 in 3, and, working hours week of greater than 75 hours unless exceptional circumstances which have been investigated and managed to minimise occurrence and ameliorate effects.

Further reading –**Royal Australasian College of Surgeons**

[Download Position Paper – Appropriate Working Hours for Surgical Training in Australia and New Zealand](#)

United States

The Accreditation Council for Graduate Medical Education is the body responsible for accreditation of RMO training. Its 2011 guidelines provide:

- A maximum average of 80 hours per week (over 4 weeks).
- An average of a minimum of 1 day free from patient care responsibilities in every 7 (again over 4 weeks).
- For all RMOs other than those in their first year, a maximum duty period of 24 continuous hours (with additional time for handover).

Canada

There have been recent efforts to establish a national consensus on RMO working hours.

The 2013 recommendations of the National Steering Committee on Resident Duty Hours avoided a ‘one-size-fits-all’ approach to limits in favour of system-based changes. The Committee did conclude that shifts of more than 24 consecutive hours without recovery time should be avoided. A sixteen-hour duty limit applies in Quebec.

United Kingdom

The European Working Time Directive mandates a maximum average of 48 hours per week over a six-month period.

RMOs employed in the NHS may contract out of these regulations, in which case an average limit of 56 hours per week applies.

The impact of hours of work

DHBs will work with staff representatives to support research into the impacts of RMO hours of work in relation to patient care, RMO training and RMO well-being.

Overseas jurisdictions have also been working on and discussing hours of work of RMOs. They have highlighted the need to balance the risks of RMO fatigue from extended hours of work with maintaining continuity of care for patients and ensuring sufficient time for training – all factors which are critical to safe and high quality patient care.

[Download Safe Working Hours and Conditions for Fellows, Surgical Trainees & International Medical Graduates](#)