ASMS SNAPSHOT

ASMS TOI MATA HAUORA

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Results from schedule 10 'snapshot' survey

By Dr Charlotte Chambers, ASMS Principal Analyst (Policy and Research)

A brief 'snapshot' survey was distributed to all DHB-employed members in early October 2018 to gauge membership knowledge of Schedule 10 of the RMO MECA, and 24% responded. Most had not read Schedule 10 of the RMO MECA and those that were aware had gleaned their information regarding Schedule 10 from informal sources, ie, other SMOs or RMOs. This *Snapshot* summarises the findings.

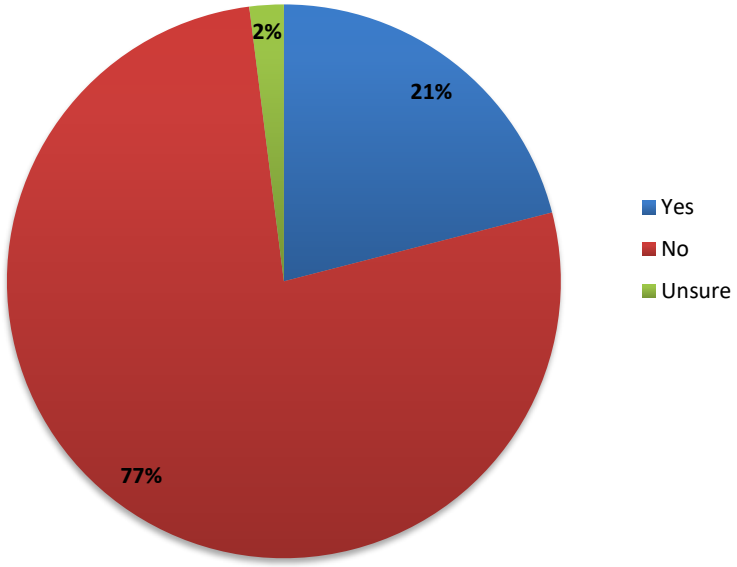
Introduction

'Schedule 10' (Safer Rosters) from the RMO MECA negotiated by the RDA contains two parameters – no more than 10 consecutive working days and no more than 4 consecutive night shifts. All new rosters are required to ensure these 'two parameters' are complied with. The 'snapshot' survey was designed to quickly and simply assess ASMS members' knowledge concerning this Schedule and to find out the main source of information regarding this key clause of the RDA MECA.

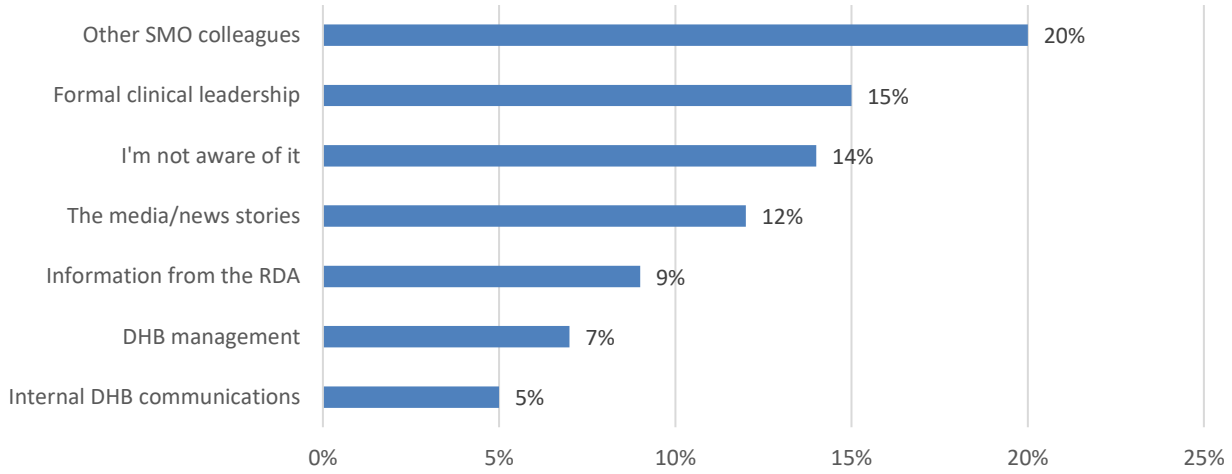
The response rate to this survey was low at 24% (1053/4346), but nevertheless served to inform us that few had read Schedule 10 and 14% of those who responded were not aware of it at all. The majority of respondents were unaware as to whether agreement had been reached between their DHB and the RDA over roster compliance for either house surgeons or registrars, and very few were aware of the specific details of the Schedule. There was little difference between members working in the tertiary DHBs and those in other DHBs.

The full results are detailed below.

Question 1: Have you read schedule 10 of the RMO MECA?



Question 2: What has been your main source of information regarding schedule 10?



'Other' sources mentioned included the following:

Direct discussion with RMOs
ASMS emails and survey outlines
The MECA
own search on RDA website
ASMS news bulletins
Sapere Report and presentation by author to NZMA Board
Discussion at RACS
Discussion with house surgeons and registrars
Radio New Zealand
Daughter and son who are junior doctors

Question 3: Do you know whether agreement has been reached between your DHB and the RDA over roster compliance with Schedule 10 in your service or department for:

	Yes	No	I don't know	n/a
House surgeons	38%	9%	45%	8%
Registrars	31%	18%	47%	5%

Question 4: Did you know that:

	Yes	No
Schedule 10 allows for a variety of non-prescribed options to be agreed in order to implement its compliance parameters?	24%	76%
A new RMO (house surgeon or registrar) roster can't be deemed to be compliant with Schedule 10 until both your DHB and RDA reach agreement based on consensus over the form of compliance?	34%	66%
Schedule 10 requires a consultation process whose aim is to "achieve a consensus on the appropriate change"?	30%	70%
If a consensus is not reached through consultation, your DHB and the RDA "may agree to trial a 'best fit' change proposal for a defined period of time where this is practicable"?	23%	77%
If there is no agreement on setting up a trial and disagreement remains, both your DHB and the RDA are required to seek mediation?	26%	74%
If outstanding issues are referred to mediation, 2 of the 4 factors required to be taken into account are the impact on both the "quality and safety of patient services" and "RMO training opportunities"?	20%	80%
Schedule 10 allows for agreements to be reached over alternative arrangements for the taking of these 'rostered days off'?	27%	73%

General comments from members included the following:

Schedule 10 has been imposed. There has not been any opinion sought from SMOs other than a prescriptive clinical lead.
Our registrars are resisting the change - they don't like the break in patient and team continuity
As far as I'm aware, we've been compliant with the provisions of section 10 for many years.
A roster is being presented for discussion with RMOs. SMOs were involved in creating the draft roster.
This is a loaded questionnaire indicating that my Union is in the pocket of the RDA. Of course individual variations to the MECA are possible but the Resident Doctors are unlikely to do what is required to ensure safe rosters.
HR seem unaware of this when using internal locum cover.
Our registrars are on call back after hours so the only change that has come into effect with schedule 10 is that nights are split (our junior registrars contribute to the grn surg nights roster). Time done on call back even if they are here from 8am until 10pm in the weekend is bizarrely not considered a long day. We are also not required to give them an RDO after doing a call back weekend.
ED RMOs rosters already have maximum 4 night shifts and none work 10 days consecutively (5 days is the maximum in our rosters).
Apparently CCDHB is the ONLY DHB to have implemented schedule 10
You assume that the RDA represents the opinion of all RMOs. It does not. A narrow margin does not mean representation.
Poor communication between DHB/physicians on keeping updated on matters.
I believe the RMO shortage is delaying the rig rosters.
As far as I am aware this is an issue for house surgeons on the run at the service that I work for. Nor does it seem to be an issue for registrars in the runs at the service where I am employed.
Meant to be starting for registrars in December but rumours that it may not be safe to implement it currently.
I believe from the RDO office our rosters for house surgeons are compliant and they are working towards registrars' rosters being compliant? early 2019 In question 4 part one the wording is meaningless to all but HR/RDA?
Our RMO rosters (reg and H/S) already met the requirements of Section 10; no changes were required.
Our reg do on call during the evenings and weekend which I understand is not covered under Section 10. They do nights on site but have done 3/4 split for many years.

RMOs are happy with roster but not Reda who decline to advise on how it could be improved.

It has been rolled out for the RMOs in my department (unfortunately so they are effectively distant from our team structure now. It's coming up for the registrars.

Waikato DHB is a disgrace and it was rolled out with no proper SMO consultation or warning.

I gather this is all agreed, and the Hospital is obeying the terms of the contract. It may have been discussed with Clinical Leaders but not at the grass roots.

Agreement yes but many advanced trainees are unhappy. Our At wanted to leave the MECA as she felt the RDO's are detrimental to her learning.

Anaesthesia is not covered by schedule 10 though, as supervisor of Training and involved in rosters, I will take the recommendations into account for our own registrars.

The DHB and RDA appear to have agreed that senior doctors can simply pick up all the gaps/extra work without being consulted or supported in any way. The CMO was quite clear that they do not see any need to have the support of SMOs.

Intensive care run a shift work roster so we meet the compliance for schedule 10. The ICU aspects of the RDA MECA have their own problems.

Our DHB complies; I am not sure about this being formalised as "accepted" by the RDA.

Our clinical director has worked very hard to write a compliant roster and we have significantly increased our rmo numbers to do this - up to 10 - but the RDA still say it is noncompliant but won't offer any suggestions about what a compliant roster looks like.

Since this agreement and new rosters I have had reduced continuity, increased pressure to be the central knowledge point, and more repetition of teaching points on rounds as my RMOs change so frequently.

I understand (from conversations with colleagues) that roster changes resulting from schedule 10 are likely to lead to an insufficient number of junior doctors available to fill rosters, and that this may impact on the work required from SMOs.

We are still working through the registrar rosters - they look very scary in terms of impact on continuity and training, and vacancies.

We only have Reg in NICU and are currently not being asked to have a schedule 10 compliant roster. However it does already comply with 4 nights on a row Max and they do not work more than 7 days in a row. Lots of rdo's already.

Our registrars did not support the clause as it would mean they were covering other subspecialty area at night they had not worked in for years. With our support they did not changed their roster, but still do the 24 hr call roster.