

Recovery Time

Preventing and dealing with fatigue is a reality for medical specialists working in New Zealand's public health system. ASMS is aware of members' concerns about the pressure to deliver the best possible health care with fewer resources, including adequate SMO staffing, and the resulting impact on the health, resilience and work-life balance of senior doctors and dentists.

In the negotiations for the 2017–2020 MECA, a key area of discussion focused on the continuing issues related to fatigue and burnout of SMOs. A major cause of this is onerous and/or frequent after-hours duties.

For ASMS members on call, the MECA has delivered a powerful clause relating to recovery time.¹

What is recovery time?

Clause 13.6 of the 2017–2020 ASMS DHB MECA is a new clause agreed in the last negotiations due to evidence that SMOs in many services are suffering excessive fatigue due to onerous and/or very frequent after-hours call.

Clause 13.6 – Recovery time

By the expiry of this agreement, services that operate an after-hours call roster are expected to have agreed arrangements in place that allow an employee to have an adequate break without deduction from full pay before commencing work following periods of on-call related work where the employee is too fatigued to safely undertake their next scheduled activity.

The recovery time clause is designed to provide relief from excessive fatigue resulting from on-call activities. The clause places the obligation on 'services that operate an after-hours roster' to put in place a recovery time arrangement.

This empowers members to develop Recovery Time Agreements (RTAs) for their service that will give them time off after onerous call.

Recovery Time Agreements

Fatigue can mean that SMOs are not safe to practise after periods of onerous call. Long term, this can create health and safety risks and lead to burnout. With the recent changes to health and safety legislation² and an increased focus on well-being, we expect DHBs to take the risks of fatigue seriously and some form of education will be available to help employees check their own levels of risk.

¹ Shift workers are not directly covered by clause 13.6 but will benefit through the carry over effect. Other gains were attained for shift workers and work continues in this area (see new clause 19.3, review of after-hours rosters, shifts and availability allowances)

² Health and Safety at Work Act 2015



Points to remember about fatigue:

- Fatigue is hard to measure and affects different people differently but it will result in reduced performance.
- Fatigue has many causes but in terms of after-hours on-call duties, fatigue will mostly result from the loss of good sleep, how often you are on call, or a mixture of both.
- It is not practical to make generic rules about altering work and responsibilities in response to levels of fatigue. As per the MECA clause 13.6 described above, arrangements to deal with fatigue caused by after hours on-call must be considered on a service-by-service basis.
- The ASMS research into fatigue shows that it is a common problem for SMOs across many varieties of on-call roster (https://www.asms.org.nz/wp-content/uploads/2016/07/Shift-work-research-brief_166090.2.pdf).
- Research suggests that at least 24 hours are required to recover from the effects of a night with little or no sleep.

Call holidays

Where a team has sufficient SMOs on its call roster, they may decide to run a permanent 'call holiday' whereby each person gets a period of three or six-months off call. While this is not recovery time per se, it does have potential to help prevent long term fatigue and to promote sustainable work and well-being. We are not aware of any services where this is currently in place, but we think it is worth consideration where roster size permits.

How to develop Recovery Time Agreements?

The ASMS has been encouraging members to put in place suitable arrangements to provide recovery time after on-call nights or weekends. This has been to protect patients from cancellation of clinics or lists due to SMO fatigue, as well as protecting SMOs from working when fatigued. Managing recovery time depends on how often and for how long SMOs are actually called, and this can change over time. Services should periodically check whether there has been a change to the frequency and intensity of call which may warrant changes to existing arrangements.

1. The default situation in the absence of any form of recovery time is that an SMO can refuse to work if the SMO believes she or he is not safe to practise. This happened often in the past and led to last minute cancellation of lists or clinics, with consequent disruption to patients. This is not the sensible way to deal with fatigue but if you have no other option and you are not safe to practise because of fatigue, you must not treat patients.
2. For some after-hours rosters, an ad hoc recovery time system is already in place (to avoid late cancellation, as described above). The solution has often been to schedule one half-day of non-clinical work following rostered on-call duties. Where this is already agreed, and non-clinical time sacrificed for this purpose is rescheduled, a formal recovery time agreement may not be required, although having such agreements in writing is always best practice.



3. Where the amount of on call work is so onerous that the SMO will usually need recovery time, the solution in (2) above will be inappropriate. This is because, dependent on roster frequency, non-clinical time is lost to recovery too frequently, and rescheduling non-clinical time becomes too difficult. In this case, the recovery time should not be counted as non-clinical time but simply as recovery time on full pay. The SMO will have three types of normal duties: clinical duties, non-clinical duties and recovery time.
4. Where on-call activities are so onerous that (3) above applies, or on rare occasions in (2), one half day of recovery may not be enough. A full day of recovery time might be appropriate, in which case the amount that is counted as non-clinical time must be carefully considered. That is, the roster should either record one whole day of recovery time, or half a day of recovery time followed by a half day of non-clinical time, depending on which has been agreed in consultation with affected SMOs.
5. Another scenario requiring careful consideration is where the SMO is on call for a full week or multiple days in a row. Where a night's sleep has been ruined through being called out or having been interrupted after the normal bedtime, it can take two consecutive 'good nights of sleep' to recover. Where the SMO is on call for several nights in a row, this may not be possible, leading to an extra level of fatigue. After-hours rosters that run for a full week are likely in most cases to require some form of recovery time arrangement, and services should carefully consider the options. These may need to include a second SMO on-call system, or the SMO on-call being cleared of other clinical duties for the week.
6. The absence of an RMO, where such support is usual, will likely create extra work for the SMO on call and therefore most likely exacerbate the need for recovery time. The recent changes in Schedule 10 of the RDA MECA are also having some effect on RMO numbers in some areas. Where an RMO is generally on duty but is absent (or there is no longer an RMO at all), there is much more chance of onerous on call activity for the SMO and recovery time is more likely to be necessary. Absence of an RMO must be considered as a trigger for recovery time. In a service where recovery time is generally seen as unnecessary or is covered as per (2) above, the service should consider a temporary change in recovery time as per (3) or (4) above to allow for the extra fatigue.
7. Where after hours on call duties are so onerous that the SMO(s) are constantly at work or being called, then recovery time as described above is unlikely to provide genuine recovery. The answer may lie in extra staffing, greater RMO support or even, as has occurred already in some cases, moving to a shift system.

What next?

SMO roster groups without an existing arrangement should carefully consider the need for recovery time and, if so, contact their ASMS industrial officer for advice.

SMO groups with existing recovery time arrangements should consider if these arrangements are suitable and if they are formally agreed with the DHB in some way. Existing recovery time arrangements are often 'ad hoc' and this is fine given that these arrangements are suitable and will stand up if challenged by the DHB. The ASMS industrial officer can assist in these deliberations.

If your service considers the call roster so onerous that instituting formal shifts might be a more sustainable option, please contact your industrial officer.

