

ASSOCIATION OF SALARIED MEDICAL SPECIALISTS

Standard for Sustainable Work

DHBs, services and colleagues have committed to protecting SMO well-being (Preamble to ASMS DHB SMO MECA, 2017-2020). SMOs suffering fatigue or other factors detrimental to their well-being will not be able to maintain excellent safe clinical practice and risk burnout.

1. DHB chief executives, management and DHBs should not require or expect additional work from staff without providing additional resources.
2. Departments must be correctly job-sized for their work-load. When a department or service has been job sized and staff shortages identified, a plan should be developed to fill vacancies; inaction may be a breach of the Health and Safety at Work Act.
3. ASMS has proposed a safe staffing accord with DHBs using job sizing to determine adequate staffing levels and address the national workforce shortfall. The Government, DHBs and the Association will agree a planned implementation of this accord. Once the accord is reached, DHBs should implement the plan in a timely and transparent way.
4. Each department working shifts should have a shift system in place which has been agreed to be safe by SMOs, the Association, and the relevant DHB.
5. Recovery time provisions should be in place in each service or department to allow for recovery from fatigue following after-hours call.
6. Departments and services should be staffed so that call rosters are never greater than a real 1 in 3 and fair arrangements in place so that SMOs can take a call holiday because of illness, disability, age, parental or other family responsibilities without impacting unduly on the call obligations of other SMOs.
7. Accessible processes, including restorative processes, should be operating to deal with relationship issues between staff, and inappropriate behaviour.
8. DHBs must have agreed protocols to allow SMOs access to annual leave, CME leave, sabbatical and/or secondment leave, short and long-term sick leave, including sick leave to care for dependents.
9. Departments should work to identify and support individuals who may be particularly at risk of burnout, for example, early-career stage SMOs and those returning from longer periods of leave, eg, parental leave or long-term sick leave.
10. Such support might include confidential collegial mentoring and/or the provision of confidential counselling or professional supervision.
11. Appropriate confidential occupational health services must be provided by the DHB.
12. The workplace should be designed to allow physical space for non-clinical work and rest-breaks, and good quality overnight accommodation.
13. Staff must be supported and protected from violence, threats, or verbal abuse from patients, with protocols in place to deal with any such incidents.