

## Clause 19

### 19.0 Fatigue Management

19.1 The parties recognise the need to develop a fatigue management strategy in the interests of patient safety, employee wellbeing and the optimisation of performance in the context of both training and service provision.

19.1.1 The parties agree that rosters require ongoing audit and amendment to minimise the risk of fatigue.

19.2 Given the paucity of research available that is directly applicable to the context of training doctors, the employer agrees to support STONZ in undertaking audit and research to provide an evidence-based model for fatigue management within the New Zealand healthcare system.

19.3 Employees who have worked a long day, nightshift, or on-call shift may request, at expense of employer, for a taxi home and back to the workplace the following day if they believe they are so fatigued that it compromises their safety.

19.4 Health and Safety is a dual responsibility between employer and employee. Employees have a duty to ensure that they manage their fatigue risks by accessing annual leave appropriately and to ensure that their leisure time activities allow for appropriate rest and recreation between periods of duty.

The employee agrees to participate, during working hours, in programmes, tools or resources for fatigue mitigation or management that the employer may provide or make available from time to time.

## Overview – Application

### STONZ National Engagement Forum (SNEF)

The DHBs and STONZ recognise the need to develop a fatigue management strategy in the interests of patient safety, employee wellbeing and the optimisation of performance in the context of both training and service provision. Rosters require ongoing audit and amendment to minimise the risk of fatigue.

Given the paucity of research available that is directly applicable to the context of training doctors, the DHBs have agreed to support STONZ in undertaking audit and research to provide an evidence based model for fatigue management within the New Zealand healthcare system.

The STONZ National Engagement Forum (NEF) has been established to further cement and support the relationship between the parties. The purpose of this forum is to progress matters of mutual interest and concern. Two work streams formed part of the 2019/2020 work plan;

- Supporting research into the impacts of RMO hours of work in relation to patient care, RMO training and RMO wellbeing;
- Reviewing the impact of Appendix 2 of the STONZ MECA on the manner in which relievers are utilised, from an operational efficiency perspective and to see if the model can provide a better training and work experience for those RMOs (see [RMO Roster & Relief Review and Improvement Frameworks](#) below).

### Dual Responsibility to Health and Safety

Health and Safety is a dual responsibility between employer and employee. RMOs have a duty to ensure that they manage their fatigue risks by accessing annual leave appropriately and to ensure that their leisure time activities allow for appropriate rest and recreation between periods of duty.

RMOs will participate, during working hours, in programmes, tools or resources for fatigue mitigation or management that the DHBs may provide or make available from time to time.

## RMO Roster & Relief Review and Improvement Frameworks

As part of the 2019/2020 SNEF work streams a data collection was undertaken on rosters nationally to identify potential roster issues and progress the improvement of RMO rosters and relief. Through this process, four key roster components were identified and the SNEF and CEs nationally committed to a review of rosters with any of the following roster components,

1. More than 72 hours rostered in a consecutive 7 day period
  - a. In addition to the fatigue risk, the limits on hours Clause (17.1.2) in the SToNZ MECA details “Individual RMOs should not be rostered to more than 72 hours in any 7 day period”.
  - b. This is also a pre-existing term within the NZRDA MECA which these rosters are non-compliant with.
2. Combined shifts of on-call and on-duty exceeding 16 hours
  - a. Shifts in excess of 16 hours have the potential to be a high fatigue risk, especially where RMOs are unable to leave the hospital.
  - b. Collated data also indicated there are some rosters nationally where there is no formalised recovery time following these shifts.
3. Insufficient recovery time following night shifts
4. More than 4 consecutive night shifts

53 rosters across 13 DHBs were identified for review due to one or more of the four roster components present within their roster model.

### Review of Rosters

Reviews of the 53 identified rosters are in progress with the majority complete. Reviews are undertaken at a local level, jointly by the RMOs and the affected services. The purpose of the review is to identify whether a change or improvement to the roster and/or service is required to achieve the following;

- Minimise or mitigate fatigue
- Balance training requirements
- Ensure hospital service delivery and patient care

### Review and Improvement Process

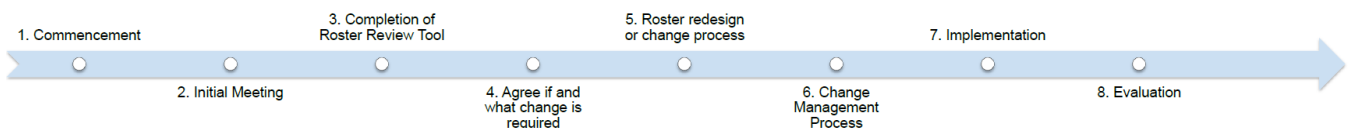
Three frameworks have been developed and agreed nationally between DHBs and STONZ to support the review and improvements of rosters and relief roles at a local level. These frameworks are;

1. Engagement and Roster Review
2. Roster Improvements and Fatigue Mitigations
3. Relief Roles

The purpose of these frameworks is to guide DHBs and RMOs through a local review of RMO rosters and relief roles to determine if and what improvements are required to minimise fatigue while balancing training requirements, hospital service delivery and patient care.

### Recommended Approach

The recommended approach for the roster review and change process where a roster change is required is;



**Note:** Steps 5 onwards are only necessary where it is agreed a change in roster or processes is required.

Full details of the RMO Roster & Relief Review and Improvement Frameworks are available as an additional resource under Clause 19 of the National Manual. Each of the steps set out above are detailed in full in this resource.

## Frequently Asked Questions (FAQs)

1. If I have a concern regarding fatigue who should I raise this with?
  - Any concerns regarding fatigue should be raised with the service and / or RMO Support Unit in the first instance.
2. What happens when an RMO raises concern regarding fatigue?
  - The STONZ MECA allows the flexibility at the discretion of the service and RMO's to manage fatigue and ensure rest is provided when required.
3. If I have worked a long day, nightshift, or on-call shift and feel too fatigued to drive home safely can I request that the employer provide a taxi home?
  - Yes, where you are concerned that your fatigue level may compromise your ability to drive home safely the DHB will provide you with a taxi chit or similar at their expense to journey home and back to the workplace the following day.
  - Dependent on your shift these may be available from the RMO Support Unit or Duty Manager.
4. What is the purpose of the RMO Roster & Relief Review and Improvement Frameworks?
  - It is a resource to help inform discussions when services are engaging locally with RMOs in relation to roster design / redesign. The frameworks provide guidelines to various approaches which can be adapted locally to assist with identifying whether there are issues and how these might be addressed, noting that outcomes may differ.
5. Who can use the Roster Review Tool and when can it be used?
  - The tool has been designed to promote engagement between Services and RMOs to find suitable localised solutions to roster and / or service design.
  - It can be used when issues have been raised regarding an existing roster, or when services / rosters are being designed or redesigned.
6. How do we agree an outcome once the Roster Review tool has been completed?
  - This may be achieved through the following steps;
    - Identify key issues raised through the review and agree next steps to address key issues.
    - Agree the high level outcome of items that need to be addressed (e.g. breaches on limits on hours, concerns with training).
    - Where possible consider alternatives to increasing FTE, this may include increasing capacity, reducing hours or alternative workforces.

## Comparison STONZ and NZRDA MECAs

The following table sets out where there are differences between the STONZ MECA and NZRDA MECA. Where there is no difference between clauses no detail has been provided in the comparison table.

	<b>STONZ MECA Clause 19.0</b>	<b>NZRDA MECA Schedules 5, 7 and 10</b>
Fatigue Management Principles	<p>Clause 19.0</p> <p>Acknowledges the key drivers when determining how work is organised within the service.</p> <p>Also acknowledges the role of the Colleges and regulatory bodies in issuing advice / guidelines on expectations regarding safer hours of work as part of accreditation requirements.</p> <p>Clause 17.3.3 and Appendix 4: Guidelines on Seven-Night Rostering</p> <p>Provides for the rostering of seven consecutive night shifts where it is agreed that there are regular opportunities for rest /sleep during the shift. Appendix 4 guidelines outline basic expectations of matters that need to be satisfied for the rostering of seven consecutive night duties.</p>	<p>Schedule 5 NREG Terms of Reference</p> <p>Item 2. Best Practice Rostering</p> <p>Schedule 7 – Best Practice Guidelines: Quality &amp; Safety at Night</p> <p>Schedule Ten Safer Rosters</p> <p>Schedules that set out guidelines around fatigue management and set limits on hours restrictions in the identified rosters.</p> <p>Schedule 7 provides a mechanism for PGY1s to work nights within the Medical Council guidelines where the DHB has a management system in place for ensuring an environment supporting quality and safety when working at night.</p>

## Forms, Templates and Other Resources

The following resources form part of clause 19 Fatigue Management. These resources are available on the website where the National Manual is hosted under Clause 19 Fatigue Management.

<b>Resource</b>	<b>Comment</b>
RMO Roster & Relief Review and Improvement Frameworks	A resource to help guide DHBs and RMOs through a local review of RMO rosters and relief roles to determine if and what improvements are required to minimise fatigue while balancing training requirements, hospital service delivery and patient care.
Roster Review Tool	The tool from the RMO Roster & Relief Review and Improvement Frameworks guide.