

## Clause 17 and Appendix 4

### 17.0 Limits on Hours

Preamble:

The parties acknowledge that how work is organised within the service is important to

- (a) Ensuring that RMOs can safely deliver high quality health care to patients and communities as part of a medical and broader clinical team;
- (b) Managing the personal and professional risks to the RMO from fatigue, and maintaining the RMO's well-being;
- (c) Ensuring necessary training opportunities to facilitate the RMO to progress into or through their vocational training within the generally accepted timeframes.

Services should be organised to ensure the most appropriate balance of these drivers. Services and RMOs are to demonstrate a clear and obvious commitment to well-being interventions reflective of service and training needs.

The parties acknowledge that the various vocational colleges or regulatory bodies (such as the Medical Council of New Zealand) may from time-to-time issue advice or guidelines on the expectation of working hours of trainees to ensure the safe and effective training of RMOs and may make specific or general recommendations as part of their accreditation processes of individual DHB training programmes.

Further, the parties acknowledge the role of the Colleges as the appropriate professional authority on the issues of safe and effective medical training and care and commit to working towards meeting such advice, guidelines or recommendations as a matter of priority.

#### 17.1 Weekly on duty hours limits (services other than EDs and ICUs)

- 17.1.1 The parties will work collaboratively to create rosters with a maximum average of 60 rostered hours per week averaged over a 4-week period.
- 17.1.2 Individual RMOs should not be rostered to work more than 72 hours in any consecutive seven days.
- 17.1.3 Where the requirement of 17.1.2 is not met, and the RMO is rostered on duty in excess of 72 hours in any seven-day period, then they shall receive a payment of \$550 for that period.
- 17.1.4 Where the RMO is required to work in excess of 140 hours in a period of 14 consecutive days, then they shall receive a payment of \$1,000. For the purpose of this clause "required" means required by the demands of the service and, for clarity, includes unrostered time on duty.
- 17.1.5 To be eligible for the payments under 17.1.3 or 17.1.4 the RMO shall notify the appropriate manager to allow alternative arrangements to be made, when it comes to the RMO's attention that they may break this limit. The payment of the penalty under 17.1.3 does not preclude the RMO also qualifying for the payment under 17.1.4 where the rostered hours in those 7 consecutive days can also be counted in the hours worked in the 14 consecutive days.

#### 17.2 Daily On-Duty Hours Limits (Services other than EDs and ICUs)

- 17.2.1 A period on duty shall not exceed 16 consecutive hours
- 17.2.2 RMOs shall not be rostered on duty for more than 2 long days in 7. For the purposes of this clause, a "long day" shall be a duty where in excess of 10 hours are worked.  
  
However, where it is agreed as part of the run description, a greater number of long days may be rostered in any seven-day period, providing that these additional days are each no longer than 12 hours, and that all other limitations on daily and weekly hours are adhered to.
- 17.2.3 Night shifts of up to 12 hours may be rostered, on the basis that where such shifts operate, there is a corresponding reduction in the length of the long day. The limits in 17.3.5 apply.
- 17.2.4 Periods of normal rostered duty shall be continuous and except with the prior agreement of the employing District Health Board and the RMO(s) concerned, including as specified in the run description, shall not be less than eight hours. The parties acknowledge the intention to

facilitate part-time employment and nothing in this clause shall preclude arrangements that meet both the individual RMO and the DHBs' needs in such situations.

- 17.2.5 Only one period of normal rostered duty shall be worked in any one day. Note: this does not exclude the operation of consecutive periods of night shifts where one duty ends and the next duty starts on the same day.
- 17.2.6 If during the terms of this Agreement a DHB seeks to introduce a combined period of "on call" and "on duty: that exceeds 16 consecutive hours this may be done by agreement between the DHB and the affected RMOs in accordance with clause 14.2 provided that in considering such an extension, priority shall be given to the adequacy of sleep and rest available to the RMO(s) concerned.

Agreement to such extensions shall not be unreasonably withheld.

17.3 Limits on consecutive duties (services other than EDs and ICUs)

- 17.3.1 No employee shall be on duty or on call more than 12 consecutive days without a rostered uninterrupted rest period officially off duty of at least 48 hours before commencing the next period of duty, or a minimum 24 hours continuous period of rest per seven-day period depending on the roster concerned. The intent of this provision is to allow the RMO the opportunity for 2 nights or 1 night respectively, of unrestricted sleep.
- 17.3.2 No RMO shall be rostered for more than 4 consecutive night shifts.
- 17.3.3 Except that, a run description may continue to provide up to 7 consecutive night shift if there is regular opportunity for rest and/or sleep during nights shifts. Where so rostered the service and RMOs need to monitor the demands on night shift and if there is a pattern of increasing activity or reduced opportunity for rest/sleep that cannot be addressed through the processes outlined in the Guidelines on Seven-Night Rostering (see Appendix 4) then the limits above will need to be adhered to.
- 17.3.4 Where 12-hour night shifts are rostered, the exception in 17.3.3 cannot be utilized and no more than four consecutive nights may be rostered for any RMO. Note the 72-hour limit in clause 17.1.2 applies.
- 17.3.5 Employees shall have, as a minimum, every second weekend completely free from duty. Except that at Bay of Plenty, Nelson-Marlborough, Southern (in respect of Invercargill Hospital), Whanganui, Taranaki, and Mid Central DHBs RMOs shall not be required to work more than one weekend in three.
- 17.3.6 At Lakes DHB, RMOs shall not be required to work more than one weekend in three, except that:
- (a) On the general medical or surgical registrar roster, no RMO shall be rostered to work more than two weekends in five.
  - (b) On the O&G/Paediatric roster, no RMO shall be rostered to work more than three weekends in eight.
- 17.3.7 Notwithstanding 17.3.5 and 17.3.6, two consecutive weekends can be rostered to work but no more than once in every 5 or 6 weekends (where a one-in-two limit applied) or 6 or 7 weekends (where a one-in-three limit applies), with the balance of weekends completely free from duties.
- 17.3.8 The parties acknowledge the aspiration of having rosters that require RMOs to work no more than one in three weekends.

17.4 Minimum breaks between duty (services other than EDs and ICUs)

- 17.4.1 In an effort to minimise the risks of fatigue, the parties will aim to provide a minimum 12 hours continuous break during any given 48-hour period, and avoid periods of duty exceeding 12 hours for more than two sequential days.
- 17.4.2 A minimum break of eight consecutive hours off duty shall be provided between any two periods of duty of a full shift or more. Periods of full shift or more include:
- (a) Rostered duty (and including any continuous period of time worked beyond the rostered shift end); or
  - (b) Any shift worked as an additional duty; or

- (c) A call back duty of at least eight continuous hours.

If a break of at least eight continuous hours cannot be provided between periods of qualifying duty a penalty payment \$160.00 on each such occasion which shall be paid to the employee concerned.

- 17.4.3 If a call-back of less than a continuous eight-hour period is worked between two other qualifying periods of work, a break of eight continuous hours must be provided either before or after the call-back. If such a break has been provided before the call-back it does not have to be provided afterwards as well. Where the break is not provided the penalty in 17.4.2 shall be paid.
- 17.4.4 For clarity, the minimum break is not interrupted where an RMO is asked to provide advice over the telephone, but is not required to return to the workplace.
- 17.4.5 Alternate arrangements may be agreed between the individual RMO and the DHB in lieu of the penalty in 17.4.2 to ensure the employee has sufficient recovery time, including a late start or an early finish (with no loss of ordinary pay).
- 17.4.6 As a minimum provision, a minimum break comprising the balance of the calendar day upon which the employee ceased the last night duty plus a further two calendar days must be provided immediately following a period of 4-night duties or more.

Employees working three night duties or less shall be given a minimum break of the calendar day upon which the employee ceased the last night duty plus a further one calendar day free from rostered duty.

Days off provided in accordance with this sub clause will not be deemed as working days for the purposes of section 47 of the Holiday Act 2003.

#### 17.5 Hours of work limits – EDs and ICUs

The following limits on hours of work shall apply to ED and ICUs (NOTE: For the purpose of clarification clause 17.2.4 and 17.2.5 shall also apply):

- 17.5.1 In urban DHB EDs or, where agreed between the service and the affected RMOs in accordance with clause 14.2 in non-urban DHB EDs the following shall apply:
- (a) On duty hours shall not exceed an average of 50 per week over a four-week period and no more than 60 hours worked in any seven days.
  - (b) No more than 5 consecutive days shall be worked in a row, except that in the case of night shifts there shall be no more than 4 consecutive shifts in a row.
  - (c) Employees shall have 2 consecutive days off in every seven days.
  - (d) No employee shall be required to work for a continuous period exceeding 10 hours inclusive of meal breaks.
  - (e) Employees shall receive a minimum break of 11 hours between periods on duty.
  - (f) Employees shall, after working a period of consecutive night shifts, have a period free of duty comprising the balance of the calendar day upon which they ceased the last night duty plus a further 2 calendar days.
  - (g) Employees shall have an average of 50% of weekends off duty over any two-month period provided that no more than 3 weekends may be rostered in a row.
- 17.5.2 In EDs not covered by the above clause:
- (a) The average on duty hours for an RMO so employed shall not exceed 50 per week over a four-week period and in any one week the on-duty hours shall not exceed 60.
  - (b) No RMO so employed shall be rostered for a continuous period exceeding 10 hours inclusive of meal breaks.
  - (c) An RMO so employed shall receive a minimum break of nine consecutive hours between periods on duty
- 17.5.3 In urban DHBs ICUs or, where agreed between the service and the affected RMOs in accordance with clause 14.2, non-urban DHBs ICUs or equivalent, the following shall apply:
- (a) The average on duty hours shall not exceed an average of 50 per week over a four-week period and no more than 60 hours worked in any seven days.

- (b) No more than 5 consecutive days shall be worked in worked in a row, except that in the case of night shifts there shall be no more than 4 consecutive shifts in a row.
- (c) 2 consecutive days off in every seven days.
- (d) Employees shall receive a minimum break of 10 hours between periods on duty
- (e) Employees shall, after working a period of consecutive night shifts, have a period free of duty comprising the balance of the day upon which they ceased the last night duty plus a further 2 calendar days.
- (f) Employees shall have an average of 50% of weekends off duty over any two-month period provided that no more than 3 weekends may be rostered in a row

17.5.4 Unless agreed to the contrary between the service and the affected RMOs in accordance with clause 14.2, employees working in ED or ICU shall not have more than 33% of their duties allocated as night shifts.

#### 17.6 Shift work rostering:

17.6.1 Rosters involving shift work may only be operated on the following basis:

- (a) Night shifts only, or
- (b) Full time in accident and emergency, intensive care, or
- (c) In other cases, only by agreement affected RMOs in accordance with clause 14.2.

Note: For the purposes of this clause “night shift” shall mean a maximum of ten hours of rostered duty between the hours of 10.00 pm and 8.00 am.

17.6.2 On runs where shifts are being worked there shall be no more than 4 shift start times provided that where 2 shifts commence within ½ hour of each other to provide for handover this shall be deemed to be one shift start time and no employee shall be required to change shifts (e.g., moving from day shift to night shift) more than once per week.

17.7 Adequate handover time shall be provided between shifts.

#### 17.8 Emergency Back-Up Rosters

17.8.1 The DHB and the RMOs concerned may establish an emergency back-up roster (EBUR). An EBUR is a voluntary roster to provide emergency “back-up” for periods of rostered duty in situations where the duty RMO is unable to attend their roster duties. The roster shall not be used as a substitute/alternate to providing relievers and the use of an EBUR to cover for pre-arranged leave of any type is discouraged.

17.8.2 When an RMO is on an EBUR they shall be paid \$50 for each day so rostered. If the RMO on the EBUR is called in to work they shall be paid as if they are call backed under clause 18.4, including the minimum three-hour payment, and will not be paid the \$50 payment for that day.

## APPENDIX 4: Guidelines on Seven-Night Rostering

The parties recognise that the rostering of seven consecutive night duties has significant benefits to continuity of patient care, RMO training and staffing requirements.

These benefits need to be balanced against the significant challenges and clinical risks from this organisation of RMO work.

Clause 17.3.3 enables services to roster seven consecutive nights where it is agreed that there are regular opportunities for rest/sleep during the shift.

Rosters that operate seven consecutive night shifts are included in the joint 'rosters of concern' work. This remains the agreed mechanism through which the issues should be monitored and addressed. Rosters identified by STONZ members where there is infrequent or no opportunities for rest should be prioritized within this process.

These guidelines outline basic expectations of matters that need to be satisfied for the rostering of seven consecutive night duties to continue:

1. **Staffing** – the service should have its full complement of RMOs employed
2. **Rest** – the RMO on night duty should have at least four consecutive hours of uninterrupted rest/sleep in more than half the consecutive night shifts, being:
  - a. periods of time uninterrupted by phone calls or clinical duties
  - b. the opportunity to rest during these periods, including ideally access to a bed in a private, non-clinical space
3. **Monitoring Rest** – RMO rest periods can be monitored by the following
  - a. Recording rest opportunities
  - b. Recording and monitoring periods free of clinical tasks and phone calls
4. **Monitoring Workload** - the work of the RMO on night duty should be monitored, including through:
  - a. Discussion between RMOs and on call SMO at handover time at the start of the night shift to quantify workload
  - b. Recording and monitoring clinical handovers at the start of the night duty
  - c. Agreeing SMO-led management strategies for referrals at time of handover
  - d. Recording rest opportunities
  - e. Monitoring of calls made to the RMO on night duty
  - f. RMO reporting inappropriate calls/referrals during the night shift for SMO and/or service review
  - g. Monitoring departure time of RMO from the hospital to ensure night RMO leaves the hospital within an hour of shift completion

Where these expectations are not met, then plans should be put in place to address these. While roster change – to comply with the maximum four consecutive nights – may ultimately be the solution, the service (including RMOs and SMOs) may also consider changes such as:

- Explicit thresholding of referrals to the RMO on nights
- Triaging of cases through another clinical specialist (e.g., Night Duty Nurse Manager) limiting referrals to the night RMO only where appropriate
- Changes to admission processes/protocols

## Overview / Application

The DHBs and STONZ acknowledge that how work is organised within the service is important to

- Ensuring that RMOs can safely deliver high quality health care to patients and communities as part of a medical and broader clinical team;
- Managing the personal and professional risks to the RMO from fatigue, and maintaining the RMO's well-being;
- Ensuring necessary training opportunities to facilitate the RMO to progress into or through their vocational training within the generally accepted timeframes.

Services should be organised to ensure the most appropriate balance of these drivers whilst ensuring that clear steps are taken to protect / foster RMO well-being.

The DHBs and STONZ acknowledge that the various vocational colleges or regulatory bodies (such as the Medical Council of New Zealand) may from time to time issue advice or guidelines on the expectation of working hours of trainees to ensure the safe and effective training of RMOs and may make specific or general recommendations as part of their accreditation processes of individual DHB training programmes.

Further, the role of the Colleges as the appropriate professional authority on the issues of safe and effective medical training and care is acknowledged and the DHBs and STONZ commit to working towards meeting such advice, guidelines or recommendations as a matter of priority.

Clause 17 should also be read in conjunction with the following clauses which relate to hours of work arrangements;

- Clause 4 Hours of Work
- Clause 6 Run Allocation
- Clause 16 and Appendix 2 Relief Management
- Clause 18 On Call
- Appendix 4: Guidelines on Seven-Night Rostering

### **Note:**

It is acknowledged that there are rosters currently in operation that may not meet all the current requirements of clause 17 e.g. those that have 5 consecutive nights or more. These rosters are being reviewed as part of the National Engagement Forum (NEF) work plan.

### **Definition of Unrestricted Sleep**

The Massey University Sleep/Wake Research Centre definition of unrestricted sleep is that this occurs at night when you can get into bed when you are sleepy and sleep for as long as you need.

## Quarterly Reporting

As part of the 2020-2021 STONZ MECA Terms of Settlement (ToS) the parties agreed to monitoring of the workload provisions through the term of that MECA. This will continue on an ongoing basis as part of the DHB-STONZ National Engagement Forum (NEF) work plan.

On a quarterly basis DHBs are required to report to the NEF on all instances of payments for breaches of the weekly on duty hour limits in clause 17.1.3 and 17.1.4.

The report should include:

- The number of instances occurring in the period
- The services/rosters and RMO level (Registrar/House Officer) where the instances occur
- Any relevant factors behind the breach
- The steps the service in considering to address breaches where these are not simply isolated, one-off instances

Quarterly reporting will be completed by the DHBs and collated centrally by the TAS Employment Relations team in advance of the quarterly NEF meeting.

## SNEF Project Outcomes – Senior Registrar Leave

### Background

During STONZ and DHB bargaining in November 2020, access to leave and leave cover for Senior Registrars was identified as a priority area requiring further review. It was noted that Senior Registrars are often required to swap their on call /after-hours shifts in order to take leave as it is difficult to provide a reliever due to the level and nature of their work.

A project was established to understand how leave is accessed and covered for RMOs and to develop recommendations to support a consistent and transparent approach enabling access to, and management of leave for this group.

As an outcome from this project a guide for Registrars who take on the roster writing and leave management role was developed. This included updates to the RMO roster and relief review and improvement framework to capture some of the challenges for services without relief roles and to include best practice guidelines and relief models to mitigate some of these challenges.

### Purpose of the Roster Writing and Leave Management Guide for Registrars

The guide has been developed to ensure Registrars in the roster writing and leave management role have access to the required resources and that there are appropriate processes in place to support and maximise leave access. The guide may also be useful for induction of new RMO unit staff or other staff who take on the roster writing and leave management role within the service.

The guide and updated RMO roster and relief review and improvement framework were released nationally on 19 July 2022. This included recommendations around next steps for Districts.

### Linked Clauses

- The clauses that form part of the Roster Writing and Leave Management Guide for Registrars are;
- Clause 4 Hours of work and Rostering
- Clause 7 Medical Education
- Clause 8 Conference Leave
- Clause 9 Employment relations education leave and union leave
- Clause 16 and Appendix 2 Relief Management
- Clause 17 Limits on hours
- Clause 21 Cover for leave
- Clause 25 Annual leave and Appendix 3 Best Practice Leave Allocation Guidelines
- Clause 26 Sick leave
- Clause 27 Bereavement / Tangihanga leave

The guide is available under the “*Resources for Registrars Writing Rosters and Managing Leave*” section of the National Manual.

## Frequently Asked Questions (FAQs)

### Limits on Hours FAQs

1. How many consecutive days/nights can be worked?
  - No RMO shall be rostered to more than 4 consecutive night shifts. However rosters that provide regular opportunity for rest during the night shift can be rostered up to 7 nights consecutively by agreement with the RMO's (non shift rosters only).
  - For a shift roster (includes ED / ICU rosters), no RMO shall be rostered to more than 4 consecutive night shifts.
  - Where 12 hour nights are rostered, no more than 4 consecutive nights can be worked by an RMO.
  - No RMO can be rostered on call or duty for more than 12 days in a row without a rostered break of 48 hours.
  
2. How many sleep days are provided for nights?
  - For non shift rosters following 3 consecutive nights or less a sleep day (balance of calendar day upon which night duty finished) plus 1 further day off must be provided (3 nights or less = 2 sleeps).
  - For non Shift rosters following 4 or more consecutive nights a sleep day (balance of calendar day upon which night duty finished) plus 2 further days off must be provided (4 or more nights = 3 sleeps).
  - For shift rosters (includes ED / ICU rosters) after working a period of consecutive night shifts, a sleep day (balance of the day upon which they ceased the last night duty) plus 2 further days off (2 to 4 nights = 3 sleeps).
  - For shift rosters (includes ED / ICU rosters) it does not clearly specify the number of sleep days following one night shift. At a minimum this would be the balance of the day upon which the night duty ceased (1 night = 1 sleep).
  
3. How many weekends in a row can be worked?
  - Two weekends in a row can be worked no more than once in every 5 or 6 weekends (where a 1:2 limit applies) or 6 or 7 weekends (where 1:3 applies). There is an aspiration to ensure every roster reaches a 1:3 weekend frequency. Limits to the number of hours worked as per clause 17 still apply.
  
4. What is a rostered day off (RDO)?
  - A rostered day off completely free of duty from Monday to Friday.
  - This does not include days completely free of duty where they are being provided as the minimum break in clause 17.4.6 (sleep recovery days) that occur Monday through Friday.
  
5. Can some STONZ members on the same roster work RDO's and other's not?
  - The service may agree where there are week day RDO's on a roster whether these will be observed where the STONZ member wishes to work these. It is anticipated that where this is agreed, it would apply to all STONZ members contributing to that roster, rather than by individual RMO arrangement, for the period that the roster has been published. Whilst this is the general expectation, it is acknowledged that this may vary due to individual DHB and service model of care requirements.
  - Appendix 3 of the STONZ MECA sets out the transitional arrangements that will apply when RMOs move to STONZ terms and conditions. This includes new STONZ members and non-union employees who move to terms and conditions consistent with the STONZ MECA. This relates to the re-calculation of run categories where RDOs are observed and then should be discounted from the ordinary hours as set out in clause 12.1.2(b). Where the category for a run remains unchanged, after having discounted week days completely free of duty (RDOs) from the ordinary hours, the service can require the RMO to work the RDOs on the published roster, subject to mitigation of any safety concerns raised by the employee.



- As part of the transition, agreement from the RMO will be required where the service wants the RMO to work the RDOs on the published roster and the category has not stayed the same as that currently, after discounting RDOs from the ordinary hours. This may be where the DHB is required to maintain the RMO's former higher salary under their previous employment agreement because the STONZ salary is lower. A lower STONZ salary is likely to occur where the category for the run drops two categories from that currently. Where the DHB and the RMO agree to the RMO working RDOs these worked days will be factored into the salary category calculation and there will be no impact of deductions.
  - Once the RMO has transitioned to STONZ and then started a new run they can be required to work 12 days in a row. However each Service may be able to accommodate alternative options that still allow the RMO to observe RDOs.
6. Can an RMO claim for both the rostered more than 72 hours in a 7 day period (clause 17.1.3), as well as more than 140 hours worked in a 14 day period (17.1.4), penalty payments?
- This penalty payment applies to services other than EDs and ICUs. The RMO continues to have a responsibility to raise with the service where they become aware they will breach these limits on hours, so that corrective action can be taken before being eligible for payment.
  - Where no corrective action is taken by the service and the breaches occur the RMO is eligible to claim for both the \$550 (7 day limit) and the \$1000 (14 day limit) penalty payments.
7. Can an RMO elect to come into work when they are are rostered on an emergency back-up roster?
- It is voluntary for an RMO to participate on an emergency back-up roster.
  - Once the RMO elects to participate in the emergency back-up roster and is in receipt of the \$50 per day EBUR allowance they must attend work when called in.
  - If called in to work the RMO is paid the same as a call back arrangement, at the applicable additional duties rate for a minimum of 3 hours. The \$50 EBUR allowance does not apply for that day.

## Seven Night Rostering FAQs

1. Can I be rostered for 7 nights in a row where this is part of the permanent roster pattern?
  - Yes as long as it has been agreed that there will be opportunities for sleep/rest during the shift.
2. What is considered a reasonable amount of rest?
  - At least 4 consecutive hours of uninterrupted rest/sleep in more than half the consecutive night shifts being periods;
    - Of time uninterrupted phone calls or clinical duties
    - The opportunity to rest during these periods including ideally access to a bed in a private non clinical space.
3. How often should rosters which contain 7-nights be reviewed?
  - Rosters with 7-nights should be reviewed regularly and no less than every 2-years or if there are changes to the service to ensure that 7-nights are still appropriate.
  - The evaluation section of the Roster Review Framework may be a good tool to assist these discussions.
4. As an RMO, who should I speak to if I have concerns about the amount of rest I am able to get during night shifts?
  - If you have concerns about the amount of rest you are able to get whilst working night it is important to raise this with the RMO Unit/Service and STONZ.
  - If there are concerns, it is recommended that the DHB & RMOs work through the Rosters of concern framework and plans should be put in place to address the concerns.
5. Who is responsible for monitoring whether RMOs are getting enough rest whilst working 7-nights?
  - It is the responsibility of the DHB/Service to monitor rest as per the guidelines in Appendix 1.
  - It is the responsibility of the RMOs to monitor their fatigue levels and to raise any concerns with their Service / RMO Unit.

## Scenarios

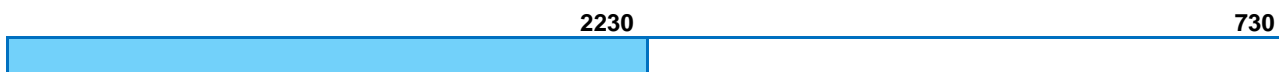
### Scenario 1 - No 8 hour break (non ED / ICU rosters)

A minimum break of eight consecutive hours off duty shall be provided between any two periods of duty of a full shift or more. Includes period of time worked beyond rostered shift end, additional duty and call-back duties of 8 continuous hours.

The minimum break is not interrupted where an RMO is asked to provide advice over the telephone, but is not required to return to the workplace.

If a call-back of less than a continuous eight hour period is worked between two other qualifying periods of work, a break of eight continuous hours must be provided either before or after the call-back. If such a break has been provided before the call-back it does not have to be provided afterwards as well. Where the break is not provided the penalty in 17.4.2 shall be paid.

#### Example #1 – Long Days



The RMO finished their long day at 2230. They started work the next day at 0730. Therefore they have had a break of at least eight continuous hours between 2230 and 0730.

#### Example #2 – On Call



The RMO has been on call from 1600 to 0730. They were called back once for 3 hours between 1800 and 2100. Therefore they have had a break of at least 8 continuous hours between 2100 and 0730.

#### Example #3 – On Call



The RMO has been on call from 1600 to 0730. They were called back once for 2 hours between 0400 and 0600. Therefore they **have had a break of at least eight continuous hours** between 1600 and 0400.

#### Example #4 – On Call



The RMO has been on call from 1600 to 0730. They were called back twice for a total of 2 hours between 1700 and 1800 as well as in-between 0500 and 0600. Therefore they **have had a break of at least eight continuous hours** between 1800 and 0500.

#### Example #5 – On Call



The RMO has been on call from 1600 to 0730. They were called back once for 3 hours between 2200 and 0100. Therefore they **have not had a break of at least eight continuous hours** either between 1600 and 2200 or between 0100 and 0730 and qualify for the minimum-break payment of \$160.

#### Example #6 – On Call



The RMO has been on call from 1600 to 0730. They were called back twice for a total of five (5) hours between 1800 and 2100 as well as in-between 0400 and 0600. Therefore they **have not had a break of at least eight continuous hours** between any of the off duty periods (1600 to 1800; 2100 to 0400; 0600 to 0730) and qualify for the minimum-break payment.

## Comparison STONZ and NZRDA MECAs

The following table sets out where there are differences between the STONZ MECA and NZRDA MECA.

**Note:** Limits on hours that are specified in Schedule Ten of NZRDA MECA apply to the rosters specified in the table in that Schedule. Alternative rostering options may be agreed between the DHB and a 'defined group' of RMOs as specified in Schedule Ten. Such agreement must be reached through the process in Part B of Schedule Nine.

### Services other than EDs and ICUs

Provision	STONZ MECA Clause	NZRDA MECA Clause	Provision in Schedule 10 of NZRDA MECA	Difference between NZRDA MECA & STONZ MECA
Workload assessment not greater than 60 hours per week averaged over 4 weeks	17.1.1	13.1	Yes	No difference
Not rostered more than 72 hours in a week	17.1.2	13.1	Yes	No difference
Penalty if rostered more than 72 hours in a week	17.1.3	13.4.1	Yes	No difference
Penalty if worked more than 140 hours in a fortnight	17.1.4	13.4.1	Yes	No difference
Duty not to exceed 16 hours	17.2.1	13.1	Yes	No difference
A period of on duty and on call can exceed 16 hours where agreed with affected RMOs	17.2.6	13.4.2	Yes	In RDA MECA Schedule 9B change management process required with affected RMOs
No more than 2 long days in 7	17.2.2	13.4.8	Yes	Run Description may allow a greater number of long days worked provided they meet all other limitations
Long day is 10 hours or more	17.2.2	13.4.8	Yes	No difference
Night shift of 12 hours but long day reduced accordingly	17.2.3	Silent	Silent	STONZ MECA allows an earlier handover (shorter long day) where this is in operation
Rostered no more than 12 consecutive days on duty and/or on call	17.3.1	13.5.1	No more than 10 consecutive days worked	Must provide uninterrupted rest (this includes no calls) following 12 consecutive days
No more than 4 consecutive nights	17.3.2	Silent	Yes	
Except a run description may continue to provide up to 7 consecutive nights if there is regular opportunity for rest and/or sleep during night shifts. Note: Appendix 4 Guidelines on Seven-Night Rostering	17.3.3	Silent	Allows up to 5 nights	
7 nights cannot be 12 hours in length	17.3.4	Silent	Yes	

Provision	STONZ MECA Clause	NZRDA MECA Clause	Provision in Schedule 10 of NZRDA MECA	Difference between NZRDA MECA & STONZ MECA
Every second weekend free of duty	17.3.5	13.5.1 in a "Note"	Yes	No difference
Exceptions to every second weekend free of duty, where RMOs shall not be required to work more than one weekend in three.	17.3.5	13.5.1 in a "Note" Schedule One: DHB Specific Provisions	Yes – Where DHB has 1:3 weekend provision in Sch. 1, 2 consecutive weekends in 9 weeks (8 by agreement)	Both MECAs provide for no more than one weekend in three for; Bay of Plenty, Nelson-Marlborough, Southern (in respect of Invercargill Hospital), Whanganui, Taranaki, and Mid Central
Not required to work more than one weekend in three, except that: (a) On the general medical or surgical registrar roster, no RMO shall be rostered to work more than two weekends in five. (b) On the O&G/Paediatric roster, no RMO shall be rostered to work more than three weekends in eight.	17.3.6 Lakes DHB only	Schedule One: DHB Specific Provisions Lakes DHB only	Yes – Where DHB has 1:3 weekend provision in Sch. 1, 2 consecutive weekends in 9 weeks (8 by agreement)	
Exceptions to 2 consecutive weekends in 5 or 6 or 7 weekends depending on roster	17.3.7	Exceptions in Schedule One	Exception of 2 consecutive weekends in 6 weeks and exception for 1 in 3 weekend provisions	STONZ MECA allows for consecutive weekend flexibility
Aspiration of 1 in 3 weekends	17.3.8	Silent	Silent	
Aim for minimum break between duties of 12 hours	17.4.1	Silent	Silent	
Minimum 8 hour break between duties required	17.4.2	13.4.6 & 13.7.1	Yes	Includes period of time worked beyond rostered shift end, additional duty and call-back duties of 8 continuous hours.  One way to minimise impact of this is for DHBs to increase the length of the night shift and decrease length of the long days.

Provision	STONZ MECA Clause	NZRDA MECA Clause	Provision in Schedule 10 of NZRDA MECA	Difference between NZRDA MECA & STONZ MECA
<p>After working a period of consecutive night shifts, have a period free of duty comprising the balance of the calendar day upon which the RMO ceased the last night duty plus the following dependent on the number of nights;</p> <ul style="list-style-type: none"> <li>a further 2 calendar days for 4 nights or more (4 nights or more = 3 sleeps)</li> <li>a further calendar day for 3 nights or less (3 nights or less = 2 sleeps)</li> </ul>	17.4.6	13.4.7 Schedule 11 Best Practise Guidelines: Recovery after period of nights	Yes 3 or more consecutive nights a minimum of 3 sleeps.Except, where agreed with the affected RMOs, 3 consecutive nights and 2 sleeps having regard to the mitigations set out in Schedule 11.	<p>Difference in RDA MECA clause 13.4.7 which sets out minimum requirement of 3 sleeps where 5 consecutive nights or more.</p> <p>RDA MECA Schedule 11 guidelines are;</p> <ul style="list-style-type: none"> <li>4 nights 3 sleeps</li> <li>2 to 3 nights 2 sleeps</li> <li>1 night is silent</li> </ul>
Fatigue management principles	19.1 & 19.2	Schedule 5 & Schedule 7 Guidelines	Yes	<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>
Provision of taxi in certain circumstance	19.3	In Terms of settlement (MECA 2017 – 2018)	In Terms of Settlement (MECA 2017 – 2018)	No change
<p>Penalty payment if 8 hour break not provided</p> <p>STONZ MECA clause 17.4.5 allows alternate arrangements to be agreed between the individual RMO and DHB in lieu of the penalty to ensure the RMO has sufficient recovery time, including a late start or an early finish (with no loss of ordinary pay).</p>	<p>17.4.2 \$160</p> <p>17.4.5 - alternate arrangements available in lieu of penalty</p>	13.7.3 \$160	Yes	Includes period of time worked beyond the rostered shift end, additional duty and call-back duties of 8 continuous hours in both MECAs.

Provision	STONZ MECA Clause	NZRDA MECA Clause	Provision in Schedule 10 of NZRDA MECA	Difference between NZRDA MECA & STONZ MECA
Penalty payment if rostered more than 72 hours in any seven day period	17.1.3 \$550	13.4.1 \$550		The intent is that to be eligible for this payment the RMO shall notify the appropriate manager to allow alternative arrangements to be made. Eligible to claim both the penalty payment in clause 17.1.3 and 17.1.4. No difference between MECAs
Penalty payment if required to work in excess of 140 hours in 14 consecutive days	17.1.4 \$1,000	13.4.1 \$1,000		No difference between MECAs
Rostered days off for weekend work	No	No	Yes RDOs do not need to be attached to an unrostered weekend. Single RDOs permissible but must be attached to another day free of duty.	No provision for rostered days off for weekend work in STONZ MECA
Variations/alternative arrangements	Determined at DHB level with affected RMOs 17.2.2 / 17.2.4 / 17.2.6 / 17.3.3 / 17.4.5	Determined at DHB level with affected RMOs using Schedule Nine – Part B 13.4.3 / 13.4.4 13.6.1	Determined at DHB level with affected RMOs using Schedule Nine – Part B	Variations / alternative arrangements determined at DHB level with affected RMOs For RDA members, agreement must be reached using Schedule Nine – Part B, NZRDA MECA

## Shift Rosters, EDs and ICUs

Provision	STONZ MECA Clause	NZRDA MECA Clause	Difference between NZRDA MECA & STONZ MECA
RMOs employed in ED and Intensive Care Units shall be paid a minimum C category	12.1.2(a)	8.1.5	No difference between MECAs
RMOs employed in A&E shall be paid a minimum category C	Not applicable	Schedule One BoP DHB	Schedule One of RDA MECA sets out specific DHB provisions
Rosters involving shift work may only be operated on the following basis: <ul style="list-style-type: none"> <li>Night shifts only, or</li> <li>Full time in accident and emergency, intensive care, or</li> <li>In other cases only by agreement affected RMOs in accordance with clause 14.2</li> </ul>	17.6.1	13.6.1 NZRDA MECA agreement in other cases with affected RMOs through Schedule 9B	“Night Shift” means a maximum of ten hours of rostered duty between the hours of 10.00 pm and 8.00 am.
No more than 4 shift start times. Where 2 shifts commence within ½ hour of each other to provide for handover this shall be deemed to be one shift start time. No employee shall be required to change shifts (e.g. moving from day shift to night shift) more than once per week	17.6.2	13.6.2	No difference between MECAs
Adequate handover time shall be provided between shifts	17.7	13.8	No difference between MECAs
Periods of normal rostered duty shall be continuous and not less than eight hours. Excludes part-time employment where alternative arrangements agreed with individual RMO	17.2.4	13.2.3 & 13.4.4	All DHB EDs Ability to agree shifts of less than 8 hours with the RMOs concerned RDA MECA – Ability to agree shifts of less than 8 hours with affected RMOs through Schedule 9B
Only one period of normal rostered duty shall be worked in any one day	17.2.5	13.2.3 & 13.4.5	All DHB EDs RDA MECA – Ability to agree shifts of less than 8 hours with affected RMOs through Schedule 9B
On duty hours shall not exceed an average of 50 per week over a four week period and no more than 60 hours worked in any seven days	17.5.1(a)	13.2.1 a)	No difference between MECAs
The average on duty hours shall not exceed an average of 50 per week over a four week period and no more than 60 hours worked in any seven days	17.5.2(a) & 17.5.3(a)	13.2.1 a)	No difference between MECAs
No more than 5 consecutive days shall be worked in a row, except that in the case of night shifts there shall be no more than 4 consecutive shifts in a row	17.5.1(b) & 17.5.3(b)	• 13.2.1 b)	No difference between MECAs
Not more than 33% duties allocated as night shifts	17.5.4	13.2.4 Threshold 30%	All EDs and ICUs STONZ MECA 33% with ability to agree an alternative % of night shifts with the RMOs concerned. RDA MECA threshold is 30% but



			variations to this may be agreed through the standard change management process (cl.10.12).
<b>Provision</b>	<b>STONZ MECA Clause</b>	<b>NZRDA MECA Clause</b>	<b>Difference between NZRDA MECA &amp; STONZ MECA</b>
2 consecutive days off in every seven days	17.5.1(c) & 17.5.3(c)	13.2.1 d) •	DHB EDs and ICUs No difference between MECAs
Minimum break of nine consecutive hours between periods on duty	17.5.2(c)		In DHB EDs not covered by clause 17.5.1
Limit of no more than 10 consecutive hours inclusive of meal breaks	17.5.1(d) & 17.5.2(b)	13.2.2	DHB EDs No difference between MECAs
Limit of no more than 10 consecutive hours inclusive of meal breaks		13.2.2	DHB ICUs NZRDA MECA allows for 12 hour shifts to operate subject to the application of all other limits in 13.2.1. The introduction of 12 hour shifts shall be through the process in Part B of Schedule 9.
Minimum break of 10 consecutive hours between periods on duty	17.5.3(d)	13.2.2b) ii	DHB ICUs No difference between MECAs
Minimum break of 11 hours between periods of duty	17.5.1(e)	13.2.2b) i	No difference between MECAs
After working a period of consecutive night shifts, have a period free of duty comprising the balance of the calendar day upon which they ceased the last night duty plus a further 2 calendar days (2 nights or more = 3 sleeps). Silent where consecutive night shifts are not worked i.e. only one night shift is worked. At a minimum this should be a period free of duty comprising the balance of the calendar day upon which the night duty ceased e.g. 1 night = 1 sleep.	17.5.1(f) & 17.5.3(e)	• 13.2.1 c)	DHB EDs and ICUs No difference between MECAs
Average of 50% of weekends off duty over any two month period provided that no more than 3 weekends may be rostered in a row	17.5.1(g) & 17.5.3(f)	• 13.2.1 e)	DHB EDs and ICUs RDA MECA – • Waikato DHB excluded different provision set out in Schedule One (see below) • Lakes DHB excluded different provision set out in Schedule One (see below)
On the Emergency Department roster no RMO shall be rostered to work more than three weekends in five	Not applicable	Schedule One Lakes DHB	Schedule One of RDA MECA sets out specific DHB provisions

## Emergency Back-up Rosters

	<b>STONZ MECA Clause 17.8</b>	<b>NZRDA MECA Clause 14.9</b>
Emergency Back-up Rosters (EBUR)	<p><b>Clause 17.8.2</b></p> <p>When an RMO is on an EBUR they shall be paid \$50 for each day so rostered. If the RMO on the EBUR is called in to work they shall be paid as if they are call backed under clause 18.4, including the minimum three-hour payment, and will not be paid the \$50 payment for that day.</p>	<p><b>Clause 14.9</b></p> <p>When an RMO is on an emergency “back-up” roster she/he shall be paid \$50 for each day so rostered. Provided that should an RMO be called in to work while on a backup roster she/he shall receive the additional duties payment set out in clause 11 and shall not receive the \$50 provided in this clause.</p> <p>A minimum payment of four hours as set out above in this clause shall be paid for each call out.</p>

## Forms, Templates and Other Resources

The following resource forms part of clause 17 Limits on Hours and Appendix 4 Guidelines on Seven Night Rostering. The guide is available on the website where the National Manual is hosted under the “Resources for Registrars Writing Rosters and Managing Leave” section.

<b>Resource</b>	<b>Comment</b>
Roster Writing and Leave Management – Guide for Registrars	<p>This document has been developed to ensure Registrars in the roster writing and leave management role have access to the required resources and that there are appropriate processes in place to support and maximise leave access.</p> <p>While this guide has been developed for Registrars who take on the roster writing and leave management role, content may also be useful for induction of new RMO unit staff or other staff who take on the roster writing and leave management role.</p>