

## Clause 22

### 22.0 Cross cover

22.1 The parties to the Agreement recognise the medico-legal implications of providing cross cover. The intent of this provision is to ensure that no RMO is placed in an unsafe position with regard to workload.

An RMO who believes he/she has been placed in a situation as a result of cross cover which she/he believes will compromise patient care shall in the first instance advise the appropriate Clinical Director and/or manager of the situation, and if the situation persists the RMO cannot be obliged to undertake professional responsibilities that compromise the safety of his or her patients.

The parties accept that the final decision to provide cross cover falls to the RMO taking into account their current workload and the proposed workload.

Where an employee provides cross cover, he/she shall be paid an additional \$165 in recognition of the increased workload. If cover is provided by more than one employee then the payment is shared among those employees providing cover.

No RMO should be expected to provide cover for non-RMO work unless specified (with clear examples of where this may occur) in the run description.

22.2 Where there is a roster vacancy for any reason outside of ordinary hours (as per Clause 4.1), it is the responsibility of the employer to arrange cover by an at least equivalent replacement suitably qualified medical practitioner. For the sake of clarity:

22.2.1 absences from the roster for evenings, nights, public holidays and weekends must be filled in a like for like manner for example an RMO on duty must be replaced by an at least equivalent suitably qualified medical practitioner on duty, and

22.2.2 Not in any circumstances should it be left to the remaining RMOs rostered on during the period to cover the absent employee's duties in addition to their own.

## Overview / Application

No RMO should be expected to provide cover for non-RMO work. Non-RMO work are activities that are not generally within the role, expectations or scope of an RMO and would exclude work that can be undertaken by an RMO or another health professional.

Services are to ensure that non-RMO members of the multi-disciplinary team are appropriately covered when they are absent, or any requirements for RMOs to pick up the work of other professions are specified in the run description, with clear examples of where this may occur.

## 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 the 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 all instances of a breach of the prohibition of cross cover outside of ordinary hours (clause 22.2.2).

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 – Psychiatry Registrars

### Background

As part of the SNEF work plan, a project was established to review and understand in detail the current challenges faced by Psychiatry Registrars nationally, the underlying causes or factors for each and potential mitigations that could be put in place. The aim was to ensure a consistent approach to the management and support for the employment of Psychiatry Registrars which balances RMO training, RMO wellbeing, patient care and local service delivery needs.

A number of new resources were developed for local use as part of the project and these were released nationally on 19 July 2022. As part of the release, it was recommended that mental health services action the following regarding the guidelines noting there will be individual local service variation;

- Review existing documentation against the guidelines
- Where no existing documentation was in place, that documents were developed utilising the guidelines

### Guidelines

Due to the nature of Mental Health services there can be cross over in the roles and responsibilities of Psychiatry Registrars and other Mental Health Clinicians. Due to this and as Psychiatry Registrars work as part of a multidisciplinary team, there may be instances where Psychiatry Registrars are required to cover some of the tasks of an absent (non-RMO), Mental Health Clinician after hours and vice versa.

The guidelines to support mental health services with development of an escalation process where there is an absent mental health clinician are now available. These resources can be accessed under the “Resources for Psychiatry Registrars and Mental Health Services” section of the National Manual.

## Frequently Asked Questions (FAQs)

1. What is Cross Cover?
  - Cross cover is where one or more RMOs covers the rostered duties of another RMO who is absent between 0700 and 1730 hours Monday to Friday.
  - When an RMO is carrying out cross cover, there is shared responsibility of the absent RMOs duties (see clause 2.0 for definition)
2. Is there a payment for carrying out Cross Cover?
  - Yes, an RMO is paid an additional \$165.00 in recognition of the increased workload. In order to receive this payment a claim form must be completed.
3. What if the absence is outside of 0700 and 1730?
  - Cross cover is not an option outside of these hours. When an RMO is absent between 1730 and 0700 hours, the DHB must provide cover from at least an equivalent suitably qualified medical practitioner.
4. Does an RMO have to provide Cross Cover?
  - Cross cover is voluntary. The final decision to provide cross cover rests with the RMO, taking into account their current workload and proposed workload. The intent of this is to ensure that no RMO is placed in an unsafe position with regard to workload or patient safety.
5. What if more than one RMO provides cover for the absence?
  - When an RMO provides cross cover, they are paid an allowance per day/shift. If cover is provided by more than one RMO, the payment is shared amongst the RMOs providing the cover. See scenarios for further detail.
  - The cross cover payment is claimed by the RMO by completing a ‘Claim Form’ or other DHB process immediately following the relevant duty/duties.
6. Is Cross Cover only provided by RMOs
  - Sometimes an SMO may provide cover when an RMO is absent. The ASMS MECA addresses this specifically. Refer to clause 13.4 ASMS MECA)

7. What is the difference between Cross Cover and Additional Duties?
- **Cross Cover** – is where an RMO is rostered on duty and covers the rostered duties of another RMO who is absent between 0700 and 1730 hours Monday to Friday (ordinary hours)
  - **Additional Duties** – where an RMO is asked to work extra hours over and above the run description (effectively 'overtime'). This may be due to the absence of another RMO. This is paid at the applicable hourly rate for additional duties.

## Scenarios

### Cross Cover Scenario 1

An RMO has called in sick for an 0800 – 1600 shift. Three RMOs on the roster have been asked to provide cross cover. What would they be paid?

Each RMO would receive a share of the \$165.00 payment. In this case it would be split in thirds.

RMO	Amount Paid to RMO
RMO 1	\$55.00
RMO 2	\$55.00
RMO 3	\$55.00

### Cross Cover Scenario 2

#### Example 1

A House Officer reliever is on the roster to cover a House Officer on annual leave in the Black team. A House Officer has called in sick for the White team, the service has asked the reliever to cover the White team instead as they are busier.

- In this instance the relieving House Officer is **not** entitled to cross cover payment, they are covering leave as per their relief role and are only carrying out the job of one House Officer.
- The Black team Registrar entitled to claim cross cover for covering the workload of the Black team House Officer who has been moved to the White team.

#### Example 2

A reliever is on the roster to cover an RMO on annual leave in the Black team. An RMO has called in sick for the White team and the service has asked the reliever to cover the White team as well.

- In this instance the relieving RMO is entitled to cross cover payment as the RMO is carrying out their job as well as providing cover for another House Officer who is absent.

## 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 22</b>	<b>NZRDA MECA Clause 17</b>
Cross covering non-RMOs	No RMO should be expected to provide cross cover for non-RMO work unless specified in the run description.	Not in NZRDA MECA

## Forms, Templates and Other Resources

The following resource forms part of clause 22.0 Cross Cover. The guidelines are available on the website where the National Manual is hosted under the “Resources for Psychiatry Registrars and Mental Health Services” section.

<b>Resource</b>	<b>Comment</b>
Escalation Process Guidelines for Absent Mental Health Clinician After Hours	Guidelines to support local review and development of escalation processes where there is an absence of a mental health clinician on a shift or shifts.