

## Clause 6

### 6.0 Run Allocation

- 6.1 Prior to the commencement of each RMO's year of employment, the employer shall provide to the employee a schedule of runs proposed to be allocated to that RMO for the entire year. This schedule should not include any more than one run left as 'to be advised' (or similar).
- 6.2 The employer will make all reasonable efforts to allocate runs to each RMO as relevant to the requirements of their stated vocational pathway. Any changes to the proposed allocation by the DHB will be discussed with the RMO and communicated in writing. The DHB will consider any feedback from the RMO on the proposed changes, including where allocation to a particular run is part of the RMO's documented career plan, prior to a final decision being communicated in writing.
- 6.3 Any run assessments as to a RMO's performance and abilities must be sighted and discussed with the RMO concerned. Senior medical staff must make all clinical assessments.
- 6.4 Provided it is within the control of the employing District Health Board 1st year House Officers will be allocated runs that will enable them to gain registration under the "general" scope of practice issued by MCNZ within 12 months after commencing employment. DHBs are committed to ensuring RMOs meet their MCNZ requirements for maintaining general registration.
- 6.5 For the first and second quarters of the RMO training year, PGY1 House Officers working in a service operating a Schedule 10 roster under the NZRDA MECA shall observe rostered days off on the same basis as others working the roster.

Their salary category for such runs shall be calculated on the basis of their average expected hours of work under that roster.

This shall not apply to RMOs who have had more than six months' experience as a registered medical practitioner in New Zealand or overseas.

- 6.6 ED and Intensive Care Units – In the first 6 months of employment under a provisional general scope of practice issued by MCNZ, an employee may work in these departments only if there is immediate onsite supervision from a senior member of the medical staff (registrar, medical officer or specialist). Such supervision will involve the supervisor knowing about all the cases managed by the RMO, assisting when required and at the request of the employee concerned and reviewing all patients seen by the employee.

Review means presentation of the case by the employee to the more senior doctor and then discussion of management. Subsequent reassessment of the patient by the more senior doctor shall occur if thought necessary by that doctor.

After 6 months employment under a provisional general scope of practice, the employee may work in these departments without immediate and direct supervision only if the following criteria are met:

- (a) Effective backup and support.
  - (b) Appropriate orientation is provided before commencement on the roster within the department.
  - (c) Several days of induction are provided under direct supervision to acquire all skills (e.g., intubation, IV lines, assessment, and management of acute presentation).
  - (d) Written guidelines are provided on when it is appropriate to contact a more senior doctor.
  - (e) The employee knows how to summon help and is able to document adequately any such approach made to a senior doctor.
  - (f) The more senior doctors are available, approachable, helpful and reasonable.
  - (g) And the employee's discharges are audited on a regular basis and no less frequently than
  - (h) 8 hourly to ensure appropriate decision making is made.
- 6.7 Provisional registrants on night Duty – The MCNZ provision preventing employees registered by MCNZ within the provisional general scope of practice to work nights in the first 6 weeks of employment is noted. Employees registered with MCNZ within the provisional general scope of

practice on house officer rosters shall not work night shifts in the first 3 months of employment. In the second 3 months of employment, employees registered under HPCAA within the provisional general scope of practice on house officer rosters shall only work night shifts if they have completed a general medical run and are directly supervised by a registrar on duty.

Except that:

- 6.7.1 Employees employed on a temporary basis from overseas who have had more than six months experience as a registered medical practitioner in their country of origin shall be excluded from this provision.
- 6.8 In the course of meeting vocational training requirements, employment arrangements may be developed where an RMO rotates between hospitals and/or between DHBs or other employers. Such rotations will be advised in accordance with clause 6.1 and agreed between the DHB(s) and the individual RMO under the auspices of the relevant training body. Offer and acceptance of employment that includes such arrangements shall constitute agreement for the purposes of this clause. (The parties accept that existing rotational arrangements that exist prior to this Agreement shall continue to apply unless agreed to the contrary between the parties).
- 6.9 The undertaking of 'air escorts' duties shall be voluntary, and the employer shall ensure that the employee is covered by adequate personal accident insurance. For the purposes of this clause 'adequate personal accident insurance' shall include at least provision of disability income protection (or equivalent) to the RMO and \$1 million death cover insurance. This insurance cover shall also apply to all employees required to travel on employer business to locations outside the city boundaries.

## Overview / Application

Prior to the commencement of the training year RMOs will be advised of their proposed run allocations for the entire training year. The schedule of run allocations should not include any runs left as 'to be advised' (or similar). The DHB will make all reasonable efforts to allocate runs to each RMO as relevant to the requirements of the individual's stated vocational pathway. Once allocations have been published any changes to the proposed allocation by the DHB will be discussed with the RMO.

### 1<sup>st</sup> Year House Officers (PGY1)

Provided it is within the control of the employing District Health Board 1st year House Officers will be allocated runs that will enable them to gain registration under the general scope of practice issued by MCNZ within 12 months after commencing employment. DHBs are committed to ensuring RMOs meet their MCNZ requirements for maintaining general registration.

### Restrictions for Provisional General Registrants

RMOs that are registered with the MCNZ under a Provisional General scope of practice have restrictions on the types of run or roster they can work in their first 3 to 6 months of employment.

ED and Intensive Care Units;

- In the first 6 months of employment an RMO under this scope of registration may work in these departments only if there is immediate onsite supervision from a senior member of the medical staff (registrar, medical officer or specialist). Such supervision will involve the supervisor knowing about all the cases managed by the RMO, assisting when required and at the request of the employee concerned and reviewing all patients seen by the employee.
  - Review means presentation of the case by the employee to the more senior doctor and then discussion of management. Subsequent reassessment of the patient by the more senior doctor shall occur if thought necessary by that doctor.
  - After 6 months employment under a provisional general scope of practice, the employee may work in these departments without immediate and direct supervision only if the criteria at clause 6.5 are met
- The parties accept that there may at times be practical difficulties with compliance and provided that the employer is genuinely working towards compliance STONZ will work with the employer on a "best endeavours" basis.

#### Night Duty;

- MCNZ prevents RMOs registered within this scope of practice from working nights in the first 6 weeks of employment. RMOs registered with MCNZ within this scope of practice on house officer rosters shall not work night shifts in the first 3 months of employment. In the second 3 months of employment, RMOs registered under HPCAA within this scope of practice on house officer rosters shall only work night shifts if they have completed a general medical run and are directly supervised by a registrar on duty.
- RMOs employed on a temporary basis from overseas who have had more than six months experience as a registered medical practitioner in their country of origin shall be excluded from this provision.

#### Regional Training Programmes

Regional training programmes may be developed that involve an RMO rotating between hospitals and/or between DHBs or other employers. The rotations will be advised in accordance with clause 6.1 and agreed between the DHB(s) and the individual RMO. Offer and acceptance of employment that includes such arrangements shall constitute agreement for the purposes of clause 6.7.

One example of this type of arrangement may be a House Officer Community Based Attachment (CBA) where the House Officer undertakes a 3 month rotation outside of the hospital setting as part of their MCNZ prevocational curriculum requirements.

#### Air Escorts

The undertaking of 'air escorts' duties are voluntary and the DHB shall ensure that the RMO is covered by adequate personal accident insurance. This insurance cover shall also apply to all RMOs required to travel on employer business to locations outside the city boundaries.

## Requests to Swap Run Allocations

Each year, RMOs are given run allocations for the coming training year. However, RMOs do have the opportunity to request a change of allocation.

This process is managed through the RMO Support Unit according to the DHB RMO Run Swap Policy. The Run Swap policy is detailed on the 'House Officer Run Swap / Career Pathway Swap Request' form and the 'Registrar Run Swap' form. Please refer to these forms for full details of the Run Swap policy.

Once the date for run swap requests is closed, swaps cannot be undertaken unless the affected Service and RMO Support Unit agree to the proposed run swap. The RMO Support Unit will advise once run swaps have been confirmed.

As a guide the following are some of the considerations when assessing a run swap request;

- That the run is appropriate for the RMO's level of experience
- Whether there are any exceptional circumstances that need to be considered on a case by case basis
- Whether the requested swap aligns with the RMO's vocational training requirements
- At PGY1 level runs are allocated to provide a varied experience. Run swap requests for PGY1s will be looked at on a case by case basis and must be discussed with the Educational Supervisor, with final approval coming from the Director of Clinical Training or equivalent.

When determining priority of preference for run swap requests the following is taken into account;

- RMOs requiring runs to gain general registration
- Training needs for identified vocational pathways
- Post graduate year and length of service
- RMO choice

## 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

### National Orientation Template

It is important that all RMOs are oriented into the service at the start of their allocation / placement. As part of the new resources a national orientation template is available to support review and development of local orientation documents. This includes suggested orientation content for psychiatry services, noting that content can be adjusted to suit other services.

The new resources are available under the “*Resources for Psychiatry Registrars and Mental Health Services*” section of the National Manual.

## Frequently Asked Questions (FAQs)

1. When will I receive notification of my run allocations for the training year?
  - You will be advised of your proposed run allocations prior to the commencement of the training year. Generally this is done by the end of September/October annually to allow sufficient time for rosters to be written and published within roster notification timeframes.
  - For ad-hoc recruitment undertaken outside the national annual recruitment cycle dates allocations are often provided at the point of offer.
  - Your schedule of proposed allocations should not include any more than one run left as “to be advised” or similar. If you receive a schedule where there is a “TBA’ then you should discuss this with the DHB. In limited circumstances this may have been provided where an individual RMO is seeking a specific experience as this is not available at the point that the annual schedule of allocations are released.
2. Can the allocations that I am provided be changed once these have been published?
  - Yes. The allocations you are provided are proposed allocations and on occasion may need to be changed. Any changes to your allocations will be discussed with you and there is an obligation on the DHB to consider any individual RMO feedback in accordance with clause 6.2 of the MECA, prior to the final decision being communicated and confirmed in writing.
3. Will my run allocations be relevant to my vocational pathway?
  - In most cases, yes they will. The DHB will make all reasonable efforts to provide allocations that align with your vocational pathway.
4. I am a first year House Officer. When can I expect to be rostered to night duties?
  - First year House Officers on provisional general registration are unable to work night shifts for the first 3 months of employment.
  - You may be rostered to work night shifts in your second 3 month rotation if you have completed a general medical run in your first 3 months of employment and are directly supervised by a registrar on duty.

5. If I am a first year House Officer and not working night duties will this affect the salary category I am paid for my run rotation?
  - Some DHBs may set out different salary categories in the run description based on the hours of work and roster pattern i.e. the PGY1s work all the day shifts in Q1 and the PGY2+ House Officers work the nights.
  - This approach will vary across DHBs as some operate on a 'swings and roundabouts' basis where the same salary category is paid to all House Officers covered by the run description whether they are working nights or not.
  - It is important that you check the run description to identify the salary category and how this is being applied at the DHB where you are allocated.
  
6. Can I organise to swap run allocations directly with another RMO once we have received our Schedule of run allocations for the training year?
  - No. The decision regarding requests to swap run allocations rests with the DHB and you need to liaise with the RMO Support Unit in the first instance regarding the process and timelines for requests of this nature.
  - See the ['Requests to Swap Run Allocations'](#) section for more detail on the considerations when assessing run swap requests and how they may be prioritised.
  
7. If I have the endorsement "*Dr XX is required to work in accredited clinical attachments and maintain a professional development plan.*" on my Practising certificate am I able to work in any run allocation?
  - If you have this endorsement on your Practising Certificate, then you must work in run allocations that are accredited through the ePort system. If the run is not accredited then you are unable to be allocated to it, as it would be outside of your scope of practice.
  
8. I am a PGY1 HO working in a service operating a Schedule 10 roster under the NZRDA MECA will I get to observe the week day RDOs on my roster?
  - Yes, this will apply for Quarter 1 and Quarter 2 of the House Officer training year only and excludes Quarter 3 and Quarter 4.
  - Your run category will be calculated accordingly i.e. the weekday RDOs will be deducted from the ordinary hours calculation when determining the category that will be paid for the Quarter 1 and Quarter 2. Please make sure you refer to the run description to identify what category is paid for PGY1 HOs where week day RDOs are observed.
  - RMOs who have had more than 6 months' experience as a registered medical practitioner in New Zealand or overseas that have commenced employment at the equivalent of a PGY1 HO will not be entitled to observe week day RDOs under clause 6.5 for Q1 and Q2 of the House Officer training year.
  
9. Can I elect to have week day RDOs for Quarter 3 and Quarter 4 of the training year as a PGY1 HO?
  - No, the entitlement under clause 6.5 only applies for Quarter 1 and Quarter 2 of the House Officer training year.

## 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 6</b>	<b>NZRDA MECA Clause 6</b>
Schedule proposed allocations	of run	<p>Clause 6.1 and clause 6.2</p> <p>Prior to the commencement of each RMO's year of employment, the employer shall provide to the employee a schedule of runs proposed to be allocated to that RMO for the entire year. This schedule should not include any more than one run left as 'to be advised' (or similar).</p> <p>The employer will make all reasonable efforts to allocate runs to each RMO as relevant to the requirements of their stated vocational pathway. Any changes to the proposed allocation by the DHB will be discussed with the RMO and communicated in writing. The DHB will consider any feedback from the RMO on the proposed changes, including where allocation to a particular run is part of the RMO's documented career plan, prior to a final decision being communicated in writing.</p>	<p>Clause 6.1</p> <p>Prior to the commencement of each RMO's year of employment, the Employer shall provide to the Employee a schedule of runs proposed to be allocated to that RMO for the year. Any changes to the proposed allocation will be discussed with the RMO concerned.</p>
Night Restrictions Provisional Registrants	Duty for	<p>Clause 6.6</p> <p>Employees registered with MCNZ within the provisional general scope of practice on house officer rosters shall not work night shifts in the first 3 months of employment. In the second 3 months of employment, employees registered under HPCAA within the provisional general scope of practice on house officer rosters shall only work night shifts if they have completed a general medical run and are directly supervised by a registrar on duty.</p>	<p>Clauses 6.5</p> <p>Employees registered under HPCAA within the provisional general scope of practice on house officer rosters shall not work night shifts in the first 6 months of employment.</p> <p>Clause 6.5.2</p> <p>For Canterbury, Southern (Other than Invercargill Hospital-based runs), Auckland, Hutt Valley, Waitemata, Capital and Coast, Taranaki, Hawkes Bay, Counties Manukau, Nelson Marlborough (Wairau hospital only) DHBs, employees on house officer rosters shall work night shifts in the second 3 months of employment, if they have completed a general medical run in their first 3 months of employment and are directly supervised by a registrar on duty.</p> <p>Clause 6.5.3</p> <p>The 3 or 6 month limits above will not apply where the DHB has a management system in place for ensuring an environment supporting Quality and Safety when working at night before provisional registrants start work at night. This needs to be agreed between RMOs, CMOs and COOs (or equivalent) with due</p>

		<p>consideration given to the Best Practice Guidelines for Quality and Safety at Night attached as schedule 7.</p> <p>On-going (at least annualised) review and audit of this Quality and Safety management system will be required. Where this review finds the quality and safety management system fails to meet the provisions of schedule 7, the 3 or 6 month provisions contained in clause 6.5 above shall be reinstated until the management system is reconfirmed.</p>
Regional Training Programmes	<p>Clause 6.7</p> <p>No limitation on rotations to another employer outside the city boundaries within a 55 kilometre radius.</p> <p>Regional training programmes may be developed that involve an RMO rotating between hospitals and/or between DHBs or other employers. The rotations will be advised in accordance with clause 6.1 and agreed between the DHB(s) and the individual RMO. Offer and acceptance of employment that includes such arrangements shall constitute agreement for the purposes of this clause.</p> <p>Clause 31.0</p> <p>Where the RMO is required to be employed at a hospital located away from their base hospital and in the area of a different District Health Board expenses under clause 31.0 will apply.</p>	<p>Clause 6.6.1</p> <p>Requirement for agreement between the parties for any rotations to another employer outside the city boundaries that are not within a 55 kilometre radius.</p> <p>Clause 6.6.2</p> <p>Runs may be developed that require an RMO to rotate to another location (including a service operated by another provider) but remain employed by their current employer. Rotations will generally be no less than 3 months for house surgeons and six months for registrars. Such runs will be subject to the process in clause 10.12 and Schedule 9. These runs will then be advised in accordance with clause 6.1. Where the employee is required to rotate to a different location greater than 55 kilometres from their previous location, for a period of time, clause 29 will apply.</p>
Appointment Panels		<p>Clause 6.8</p> <p>RMO representative(s) shall be invited to be present on all RMO appointment panels.</p>

## Forms, Templates and Other Resources

The following resource forms part of clause 6.0 Run Allocation. The guidelines are available on the website where the National Manual is hosted under the “Resources for Psychiatry Registrars and Mental Health Services” section.

Resource	Comment
National Orientation Template	A national template available to support review and development of local orientation documents. This includes suggested orientation content for psychiatry services, noting that content can be adjusted to suit other services.