

25<sup>th</sup> March 2022

[REDACTED]

[REDACTED]

### Official Information Act Request for – Vacant Doctor Shifts

I write in response to your Official Information Act request received by us 28<sup>th</sup> February 2022, you requested the following information:

1. **How many RMO (junior doctor) shifts were left uncovered/vacant for each month of last year?**
2. **How many SMO (senior doctor) shifts were left uncovered/vacant for each month of last year?**
3. **What steps/processes are taken to fill these vacancies?**
4. **What procedures are in place during these uncovered/vacant shifts to ensure the safety of both patients and staff?**

#### Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. **How many RMO (junior doctor) shifts were left uncovered/vacant for each month of last year?**
2. **How many SMO (senior doctor) shifts were left uncovered/vacant for each month of last year?**

We are providing a combined response to questions 1 and 2.

There is no electronic rostering system in place for RMOs that holds the information requested. Providing information on RMO shifts left uncovered/vacant over the last year requires the manual collation of information by DHB and shared service agency staff across a number of services at the DHB.

In addition, providing SMO-related information requires the manual collation of information by each individual Division within the DHB. This is also not information that is centrally collected or coordinated and each Division would manage these instances differently in relation to the type of shift the SMO was scheduled to be working.

To provide this information would take staff away from their core duties and prejudice our ability to provide essential services at a time when our clinicians, managers and staff are concentrating on efforts to manage the current Covid-19 outbreak.

It is important to also note that the information you are seeking would be difficult to collect in a business-as-usual environment and in some instances may not be available with any data provided likely to be incomplete and/or not accurate.

We have considered whether charging or extending the timeframe for responding to these aspects of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse questions 1 your request under Section 18(f) of the Official Information Act due to substantial collation and research.

### **3. What steps/processes are taken to fill these vacancies?**

We are unable to respond on the basis of the individual steps taken for each vacant shift for each Division however, generally the steps for RMOs are as follows;

- There is more supervision and support available during ordinary hours Monday to Friday 08:00 – 16:00, therefore available cover is prioritised for afterhours duties. Where cover is not available for vacant duties in ordinary hours Monday to Friday 0800-1600, this may be cross covered by other RMOs working the day shift.
- Where the vacant shift involves afterhours which can be the long day portion between 16:00 – 22:00, nights and weekends then additional duties (equivalent of overtime) are offered to RMOs employed within the DHB who have worked in the service previously. Noting that additional duties are voluntary.
- Where the DHB is unable to source cover via additional duties from staff already employed at the DHB then locum cover is sourced. For RMOs the majority of locums (employed on a casual basis) are permanent employees working at one of the other two DHBs in the Auckland metro region. Given this, their availability is limited to after hours and weekends in most instances.
- In certain circumstances escalated additional duty rates may be offered to assist with filling vacant shifts where this has been approved by the DHB. This however is generally limited to peak periods such as winter or where there are permanent staff shortages in particular services during peak demand.

For SMOs;

- SMO shift vacancies do not always require cover as it depends on work that is scheduled. Senior Medical Officers may be scheduled to work a non-clinical day, run a clinic, complete ward round, a theatre list or complete training. Each of these vacancies would be managed differently and may or may not require cover.

### **4. What procedures are in place during these uncovered/vacant shifts to ensure the safety of both patients and staff?**

- Where RMO cover is unable to be sourced for an afterhours vacant shift and where the vacant shift is known prior to the shift start i.e. the service has had time to plan and prepare, the service contingency plan will be implemented. There is no generic contingency plan, this will be different for services dependent on patient numbers and the acuity of patients on the particular day but it may include (but is not limited to);
  - Redeployment of staff or services

- A step down process for cover such as the SMO covering the Registrar and / or the Registrar covering the House Officer vacancy
- A reduction in planned care such as cancellation of clinics or elective surgeries

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P. Watson', with a long horizontal flourish extending to the right.

**Dr Peter Watson**  
**Acting Chief Executive Officer**  
**Counties Manukau Health**