

11<sup>th</sup> April 2022



### Official Information Act Request for – Clinical Working Hours

I write in response to your Official Information Act request received by us 14<sup>th</sup> March 2022, you requested the following information:

**“Hospital has many doctors at different pay scales and responsibilities. Many of which are demanding for the team. Paediatrics and General Medicine have been two of the demand rotation. With regards to general medicine and pediatrics departments.**

- 1) what is the list if senior medical officers designated to be clinical supervisors for medical students from the university if Auckland (i.e. who are the SMOs who can sign CSRs)
- 2) **from above, what is the FTE of each SMO, and number of hours expected on site.**
  - a. **if applicable, what is their salary as per Association of Salaries Medical Specialist contact**
  - b. **what has this been for the last 10 years**
  - c. **if unavailable, what is their generic SMO payscale**
- 3) **to prevent burn often doctors get rostered time off**
  - a. **how many days in a row can an SMO work as per contact**
  - b. **what is the policy around SMO rostered days off**
  - c. **what compensation is given when SMO do work beyond their day off? e.g. come in on a RDO**
- 4) **With regards to house Officer**
  - a. **what are the run catagories for house officers on paediatrics and general Medicine attachments, ergo number of expected hours**
  - b. **what is their pay as per pgy# and run catagory from above**
  - c. **what has this been for the last 10 years?**
  - d. **what is the maximum number of days house officers in the attachments above have to work in a row**
  - e. **what is the rostered day off policy for house officers in the rotations mentioned above?**
- 5) **With regards to trainee interns**
  - a. **how many hours per week are trainee interns expected to be on placement in runs above?**
  - b. **as they are not paid, what protections are ensured trainee interns have proper rest and food breaks?**
  - c. **how many days in a row are trainee interns expected to be on placement**

- d. what is the dhb policy for rostered days off for trainee interns**
  - e. how does dhb manage the expectations for trainee interns to be present with their health and wellbeing in a demanding field**
- I request all information in a tabulated excel document."**

We transferred questions 1, 5a, 5b and 5c to the University of Auckland however will respond to the remainder of your request (i.e the questions in bold).

**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, over 490,000 outpatient appointments 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 national, 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) What is the list of senior medical officers designated to be clinical supervisors for medical students from the university of Auckland (i.e. who are the SMOs who can sign CSRs)**

We have transferred this question to the University of Auckland (UoA).

**2) From above, what is the FTE of each SMO, and number of hours expected on site.**

- a. if applicable, what is their salary as per Association of Salaries Medical Specialist contact**
- b. what has this been for the last 10 years**
- c. if unavailable, what is their generic SMO payscale**

Question 1 was transferred to the University of Auckland, which will be providing the list of names you seek. As we do not hold the relevant names, we are unable to provide the information you are seeking in response to question 2.

We are, therefore, refusing this aspect of your request under section 18(e) of the Official Information Act as the information requested does not exist, in the sense that we do not hold the list of names to which the information relates.

CMDHB has a small number of SMOs who are University employees and their services are outsourced to the DHB. It is also important to note that all SMOs teach and train junior staff as part of their professional roles.

**3) To prevent burn often doctors get rostered time off**

- a. how many days in a row can an SMO work as per contact**

This is dependent on each individual SMOs contract.

In general, full time SMOs work 40 hours per week, if they choose to be on the acute roster they may work extra hours to cover those periods, the frequency of this work will depend on the number of SMOs on the roster.

- b. what is the policy around SMO rostered days off**

CM Health does not have a specific policy in relation to this, rostered days off are guided by the Senior Medical and Dental Officers Collective Agreement (link below):

- <https://tas.health.nz/assets/ER/ASMS-Senior-Medical-Dental-Officers-MECA-1-April-2020-31-March-2021-1.29Mb.pdf>

- c. **what compensation is given when SMO do work beyond their day off? e.g. come in on a RDO**

There are entitlements within the Senior Medical and Dental Officers Collective Agreement to provide additional remuneration:

- <https://tas.health.nz/assets/ER/ASMS-Senior-Medical-Dental-Officers-MECA-1-April-2020-31-March-2021-1.29Mb.pdf>

Any requests for an SMO to work on a day they would not normally work on would be arranged by agreement between the service and the individual SMO. Remuneration and adequate recovery time would also be agreed.

#### 4) With regards to house Officer

##### Selection of clinical attachments covered by the OIA

When identifying the House Officer clinical attachments (runs) covered by the OIA we have;

- Included runs that are covered by general medicine run descriptions which includes relief
- Excluded medical sub specialty runs and those in acute assessment / medical assessment units where these runs are not covered by the general medicine run description.
- Included runs that are covered by general paediatric medicine run descriptions which includes relief
- Excluded paediatric sub specialty or surgical runs

##### Two RMO MECAs

There are two RMO Collective Agreements (MECAs) that govern terms and conditions of employment for Resident Medical Officers (RMOs) they are;

- 20 DHB and NZ Resident Doctors' Association Multi Employer Collective Agreement dated 17 May 2021 – 31 March 2024 (NZRDA MECA)
- 20 DHB and Specialty Trainees of New Zealand Multi Employer Collective Agreement dated 14 December 2021 – 13 December 2023 (STONZ MECA)

At the date of this OIA the salary scales, method for calculating run categories and the limits on consecutive days of work are different in each MECA. When providing responses to the OIA this has been split to identify NZRDA MECA and STONZ MECA.

The first STONZ MECA came into effect on 10 December 2018 and when responding to Question 4c the data for STONZ MECA commences from this date. Prior to this date the only MECA in force was the NZRDA MECA.

##### Run Categories

Run categories are based on a band of hours as set out in the table below. This band of hours represents the weekly hours averaged over the 13 week run rotation (clinical attachment) and does not reflect the actual hours worked from week to week as this will fluctuate dependent on the roster pattern.

Category	Hours
F	40-44.9
E	45-49.9
D	50-54.9
C	55-59.9
B	60-64.9
A	65+

NB any reference in the OIA to an A+ or A++ run category relates to how relievers are paid (see section below on Reliever Salaries). The band of hours where this is referenced is 65+

Some of the runs covered by the OIA operate different summer and winter rosters through the House Officer training year. Where summer and winter rosters are in place the run category for summer and winter has been provided.

**Salary Scale and PGY#**

RMOs are paid as salaried workers with salaries based on their salary scale year and run category for the run rotation. The salary scale year is based on post graduate experience (expressed as PGY #). At a House Officer level the salary scale starts at Year 1 and the maximum is Year 4.

PGY1 is the equivalent of House Officer salary scale Year 1 and the House Officer will move to the next year of the salary scale at the beginning of their next PGY year (subject to continuous service) until they reach Year 4 of the scale.

Relievers Salaries

RMOs employed as “relievers” are paid a salary two categories above the category of the majority of runs on which they are employed to provide cover.

Where the provision for an additional two steps would place the RMO above the top of the House Officer scale an RMO who is on year 3 Category A or year 4 category B is paid Category A year 4 plus the amount set out at Allowance 1 gross per annum. An RMO who is on year 4 Category A is paid the additional amount set out at Allowance 2 gross per annum.

Additional allowance amount based on each MECA;

- Allowance 1 – NZRDA MECA \$5,000
- Allowance 1 - STONZ \$5,300
- Allowance 2 – NZRDA MECA \$10,000
- Allowance 2 - STONZ \$10,600

The reference to A+ and A++ in this OIA regarding relief run categories is used to identify where the two steps above is higher than an A category run for payment purposes.

**a. what are the run categories for house officers on paediatrics and general Medicine attachments, ergo number of expected hours**

At the date of the OIA request the run categories are as follows noting that where there is a different roster in summer and winter these have been listed separately.

DHB	Run Description	NZRDA Summer Run Category	NZRDA Winter Run Category	STONZ Summer Run Category	STONZ Winter Run Category
Counties	General Medicine	B	B	B	A
Counties	Medicine Relief	A+	A	A+	A+
Counties	Paediatrics	E	C	E	C

**b. what is their pay as per pgy# and run category from above**

At the date of OIA the annual salary based on PGY year is set out for each RMO MECA. The Urban House Officer Scale (non shift work) rosters applies for each RMO MECA.

		RDA MECA Salary @ 14 March 2022				
DHB	Run Description	NZRDA Summer Run Category	Salary PGY1	Salary PGY2	Salary PGY3	Salary PGY4
Counties	General Medicine	B	\$96,585	\$104,557	\$110,475	\$116,394
Counties	Medicine Relief	A+	\$118,975	\$125,713	\$132,451	\$137,451
Counties	Paediatrics	E	\$66,608	\$72,106	\$76,186	\$80,273
		RDA MECA Salary @ 14 March 2022				
DHB	Run Description	NZRDA Winter Run Category	Salary PGY1	Salary PGY2	Salary PGY3	Salary PGY4
Counties	General Medicine	B	\$96,585	\$104,557	\$110,475	\$116,394
Counties	Medicine Relief	A	\$109,906	\$118,975	\$125,713	\$132,451
Counties	Paediatrics	C	\$86,593	\$93,742	\$99,045	\$104,353

		STONZ MECA Salary @ 14 March 2022				
DHB	Run Description	STONZ Summer Run Category	Salary PGY1	Salary PGY2	Salary PGY3	Salary PGY4
Counties	General Medicine	B	\$106,200	\$114,200	\$120,100	\$126,100
Counties	Medicine Relief	A+	\$129,100	\$135,700	\$142,400	\$147,700
Counties	Paediatrics	E	\$75,200	\$80,800	\$84,800	\$88,900
		STONZ MECA Salary @ 14 March 2022				
DHB	Run Description	STONZ Winter Run Category	Salary PGY1	Salary PGY2	Salary PGY3	Salary PGY4
Counties	General Medicine	A	\$120,000	\$129,100	\$135,700	\$142,400
Counties	Medicine Relief	A+	\$129,100	\$135,700	\$142,400	\$147,700
Counties	Paediatrics	C	\$95,800	\$103,000	\$108,300	\$113,600

**c. what has this been for the last 10 years?**

The information in appendix 1 details the run category and pay as per PGY year for the past 10 years for each run. Where the salary for the run category and PGY year has increased as a result of a general MECA increase this has been noted in the comment field as "General MECA salary increase."

The response to this question has been split into NZRDA MECA and STONZ MECA.

**d. what is the maximum number of days house officers in the attachments above have to work in a row**

The limits on consecutive days of work for non-shift rosters in each RMO MECA differ.

In the NZRDA MECA non shift rosters detailed at Schedule 10 of the MECA limit the number of consecutive days worked in a row to 10. For any weekend duty worked in these rosters the RMO is granted a week day (Monday – Friday) rostered completely free from duties (RDO) in compensation for the weekend duty worked.

In the STONZ MECA the limit on the number of consecutive days worked in a row is up to a maximum of 12 days.

The maximum number of days House Officers in the attachments (detailed at our response to question 4a) have to work depends on their terms and conditions of employment. If they are covered by NZRDA MECA terms and conditions their maximum number of days worked in a row will be 10. If they are covered by STONZ MECA terms and conditions their maximum number of days worked in a row will be 12.

**e. what is the rostered day off policy for house officers in the rotations mentioned above?**

This depends on the individual RMOs terms and conditions of employment. All of the runs listed at question 4a) are Schedule 10 rosters in the NZRDA MECA and as such House Officers on NZRDA MECA terms and conditions have week day RDOs on their roster.

House Officers who are on STONZ terms and conditions of employment do not have week day RDOs on their roster, there is no MECA contractual provision to provide this. This is why run categories for STONZ may be higher than NZRDA because they are working more days. The run category does not always change between the two MECAs because this will depend on where the average weekly hours sit within the category band.

**5) With regards to trainee interns**

**a. how many hours per week are trainee interns expected to be on placement in runs above?**

**b. as they are not paid, what protections are ensured trainee interns have proper rest and food breaks?**

**c. how many days in a row are trainee interns expected to be on placement**

Questions 5a-5c have been transferred to the University of Auckland.

**d. what is the dhb policy for rostered days off for trainee interns**

CM Health does not have a specific policy regarding rostered days off for trainee interns, as we do not directly employ them. We are, therefore, refusing this aspect of your request under section 18(e) of the Official Information Act as the document alleged to contain the information requested does not exist.

**e. how does dhb manage the expectations for trainee interns to be present with their health and wellbeing in a demanding field**

This question has been transferred to the University of Auckland.

I trust that the information we have provided is helpful. 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



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

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Appendix 1

NZRDA MECA								
DHB	Run Description	Run Category	Comment / Detail	EffDate	PGY1	PGY2	PGY3	PGY4
Counties Manukau	General Medicine	B		14/03/2012	\$86,839	\$94,007	\$99,327	\$104,650
Counties Manukau	General Medicine	B	General MECA increase	03/09/2012	\$88,576	\$95,887	\$101,314	\$106,743
Counties Manukau	General Medicine Summer	A	Summer and winter roster came into effect	25/11/2013	\$100,793	\$109,110	\$115,288	\$121,468
Counties Manukau	General Medicine Winter	B	Summer and winter roster came into effect	25/11/2013	\$88,576	\$95,887	\$101,314	\$106,743
Counties Manukau	General Medicine Summer	A	General MECA increase	24/11/2014	\$101,801	\$110,201	\$116,441	\$122,683
Counties Manukau	General Medicine Winter	B	General MECA increase	24/11/2014	\$89,462	\$96,846	\$102,327	\$107,810
Counties Manukau	General Medicine Summer	A	General MECA increase	30/11/2015	\$102,564	\$111,028	\$117,314	\$123,603
Counties Manukau	General Medicine Winter	B	General MECA increase	30/11/2015	\$90,133	\$97,572	\$103,095	\$108,619
Counties Manukau	General Medicine Summer	A	General MECA increase	13/02/2017	\$104,102	\$112,693	\$119,074	\$125,457
Counties Manukau	General Medicine Winter	B	General MECA increase	13/02/2017	\$91,485	\$99,036	\$104,641	\$110,248
Counties Manukau	General Medicine Winter	A	Winter run category changed	26/02/2018	\$104,102	\$112,693	\$119,074	\$125,457
Counties Manukau	General Medicine Summer	A	General MECA increase	01/04/2019	\$106,705	\$115,510	\$122,051	\$128,593
Counties Manukau	General Medicine Winter	A	General MECA increase	01/04/2019	\$106,705	\$115,510	\$122,051	\$128,593
Counties Manukau	General Medicine Winter	B	Winter run category changed	09/12/2019	\$93,772	\$101,512	\$107,257	\$113,004
Counties Manukau	General Medicine Summer	A	General MECA increase	30/03/2020	\$109,906	\$118,975	\$125,713	\$132,451
Counties Manukau	General Medicine Winter	B	General MECA increase	30/03/2020	\$96,585	\$104,557	\$110,475	\$116,394
Counties Manukau	Medicine Relief	A+		14/03/2012	\$106,971	\$113,027	\$119,086	\$124,086
Counties Manukau	Medicine Relief	A+	General MECA increase	03/09/2012	\$109,110	\$115,288	\$121,468	\$126,468
Counties Manukau	Medicine Relief Summer	A+	Summer and winter roster came into effect	25/11/2013	\$109,110	\$115,288	\$121,468	\$126,468
Counties Manukau	Medicine Relief Winter	A+	Summer and winter roster came into effect	25/11/2013	\$109,110	\$115,288	\$121,468	\$126,468
Counties Manukau	Medicine Relief Summer	A+	General MECA increase	24/11/2014	\$110,201	\$116,441	\$122,683	\$127,683
Counties Manukau	Medicine Relief Winter	A+	General MECA increase	24/11/2014	\$110,201	\$116,441	\$122,683	\$127,683
Counties Manukau	Medicine Relief Summer	A+	General MECA increase	30/11/2015	\$111,028	\$117,314	\$123,603	\$128,603
Counties Manukau	Medicine Relief Winter	A+	General MECA increase	30/11/2015	\$111,028	\$117,314	\$123,603	\$128,603

Counties Manukau	Medicine Relief Summer	A+	General MECA increase	13/02/2017	\$112,693	\$119,074	\$125,457	\$130,457
Counties Manukau	Medicine Relief Winter	A+	General MECA increase	13/02/2017	\$112,693	\$119,074	\$125,457	\$130,457
Counties Manukau	Medicine Relief Summer	A	Summer run category changed	26/02/2018	\$104,102	\$112,693	\$119,074	\$125,457
Counties Manukau	Medicine Relief Winter	A	Winter run category changed	26/02/2018	\$104,102	\$112,693	\$119,074	\$125,457
Counties Manukau	Medicine Relief Summer	A	General MECA increase	01/04/2019	\$106,705	\$115,510	\$122,051	\$128,593
Counties Manukau	Medicine Relief Winter	A	General MECA increase	01/04/2019	\$106,705	\$115,510	\$122,051	\$128,593
Counties Manukau	Medicine Relief Summer	A+	Summer run category changed	09/12/2019	\$115,510	\$122,051	\$128,593	\$133,593
Counties Manukau	Medicine Relief Winter	A	General MECA increase	30/03/2020	\$109,906	\$118,975	\$125,713	\$132,451
Counties Manukau	Medicine Relief Summer	A+	General MECA increase	30/03/2020	\$118,975	\$125,713	\$132,451	\$137,451
Counties Manukau	Paediatrics Summer	D		14/03/2012	\$68,870	\$74,557	\$78,777	\$82,995
Counties Manukau	Paediatrics Winter	C		14/03/2012	\$77,855	\$84,283	\$89,052	\$93,824
Counties Manukau	Paediatrics Summer	D	General MECA increase	03/09/2012	\$70,247	\$76,048	\$80,353	\$84,655
Counties Manukau	Paediatrics Winter	C	General MECA increase	03/09/2012	\$79,412	\$85,969	\$90,833	\$95,700
Counties Manukau	Paediatrics Summer	D	General MECA increase	24/11/2014	\$70,949	\$76,808	\$81,157	\$85,502
Counties Manukau	Paediatrics Winter	C	General MECA increase	24/11/2014	\$80,206	\$86,829	\$91,741	\$96,657
Counties Manukau	Paediatrics Summer	D	General MECA increase	30/11/2015	\$71,482	\$77,385	\$81,765	\$86,143
Counties Manukau	Paediatrics Winter	C	General MECA increase	30/11/2015	\$80,808	\$87,480	\$92,429	\$97,382
Counties Manukau	Paediatrics Summer	D	General MECA increase	13/02/2017	\$72,554	\$78,546	\$82,991	\$87,435
Counties Manukau	Paediatrics Winter	C	General MECA increase	13/02/2017	\$82,020	\$88,792	\$93,815	\$98,843
Counties Manukau	Paediatrics Summer	E	Summer run category changed	28/05/2018	\$63,091	\$68,299	\$72,163	\$76,034
Counties Manukau	Paediatrics Winter	C	General MECA increase	01/04/2019	\$84,071	\$91,012	\$96,160	\$101,314
Counties Manukau	Paediatrics Summer	E	General MECA increase	01/04/2019	\$64,668	\$70,006	\$73,967	\$77,935
Counties Manukau	Paediatrics Winter	C	General MECA increase	03/03/2020	\$86,593	\$93,742	\$99,045	\$104,353
Counties Manukau	Paediatrics Summer	E	General MECA increase	30/03/2020	\$66,608	\$72,106	\$76,186	\$80,273



**STONZ MECA**

Note: The STONZ MECA came into effect on 10 December 2018. Where the run category came into effect prior to this date the effective date is listed as 10/12/2018.

DHB	Run Description	Run Category	Comment / Detail	EffDate	PGY1	PGY2	PGY3	PGY4
Counties Manukau	General Medicine Summer	B	STONZ MECA came into effect	10/12/2018	\$99,900	\$107,700	\$113,400	\$119,200
Counties Manukau	General Medicine Winter	A	STONZ MECA came into effect	10/12/2018	\$112,900	\$121,700	\$128,200	\$134,700
Counties Manukau	General Medicine Summer	B	General MECA increase	25/11/2019	\$102,900	\$110,900	\$116,800	\$122,800
Counties Manukau	General Medicine Winter	A	General MECA increase	25/11/2019	\$116,300	\$125,400	\$132,000	\$138,700
Counties Manukau	Medicine Relief Summer	A	STONZ MECA came into effect	10/12/2018	\$112,900	\$121,700	\$128,200	\$134,700
Counties Manukau	Medicine Relief Winter	A	STONZ MECA came into effect	10/12/2018	\$112,900	\$121,700	\$128,200	\$134,700
Counties Manukau	Medicine Relief Summer	A	General MECA increase	25/11/2019	\$116,300	\$125,400	\$132,000	\$138,700
Counties Manukau	Medicine Relief Winter	A	General MECA increase	25/11/2019	\$116,300	\$125,400	\$132,000	\$138,700
Counties Manukau	Medicine Relief Summer	A+	Run category change	09/12/2019	\$125,400	\$132,000	\$138,700	\$144,000
Counties Manukau	Medicine Relief Winter	A+	Run category change	09/12/2019	\$125,400	\$132,000	\$138,700	\$144,000
Counties Manukau	Paediatrics Summer	E	STONZ MECA came into effect	10/12/2018	\$70,800	\$76,200	\$80,100	\$84,100
Counties Manukau	Paediatrics Winter	C	STONZ MECA came into effect	10/12/2018	\$90,200	\$97,200	\$102,300	\$107,500
Counties Manukau	Paediatrics Summer	E	General MECA increase	25/11/2019	\$72,900	\$78,500	\$82,500	\$86,600
Counties Manukau	Paediatrics Winter	C	General MECA increase	25/11/2019	\$92,900	\$100,100	\$105,400	\$110,700