RESIDENT MEDICAL OFFICERS
NEGOTIATIONS 2016

Factsheet #2 – RMO Hours of Work

Resident Medical Officers (RMOs) hours of work are a longstanding issue for health systems both in New Zealand and internationally.

Historically, as the term “Resident” implies, it was expected that a significant amount of an RMOs’ time was spent ‘In house’ including requirements for extensive night and weekend duties.

New Zealand has been at the forefront of moves to reduce RMO hours and the RMOs’ union – the Resident Doctors’ Association (RDA) – has been an effective champion of limiting work time for its members.

Given RMOs are a ‘workforce-in-training’ they continue to work differently to most other DHB workforces.

RMOs usually work to individual service rosters where night and weekend duties are shared among them and consequently most RMOs’ actual hours of work will typically vary week-to-week.

The current DHB RDA Collective Agreement sets out a framework of maximum duty hours that rosters (in services other than Emergency Departments and Intensive Care Units) are designed within, these include:

- Maximum of 72 hours in any 7 day period
- Maximum of 16 hour on duty shifts
- No more than two on duty shifts of more than 10 hours in any 7 day period
- No more than one-in-two or one-in-three weekends rostered on duty
- A minimum of two full days off following a period of five or more consecutive night duties
- No more than 12 consecutive days rostered on duty or on-call

The above provisions reflect contractual maximums – the actual hours of work that individual RMOs work are actually lower.

Average Hours of Work per Week – Registrars and House Officers (2000-2014) (MCNZ)
RMOs themselves report to the Medical Council of New Zealand (MCNZ) that their average hours of work are 53.2 per week for House Officers, 50.6 per week for Registrars and that these have generally slowly but steadily declined over time.

Internationally, approaches to limits on hours of work differ and there is no uniform set of rules between or even within different countries:

In the United States, the Accreditation Council for Graduate Medical Education - the body responsible for accreditation of RMO training – 2011 guidelines provide:

- a maximum average of 80 hours per week (over 4 weeks)
- an average of at least 1 day free from patient care responsibilities every 7 (again over 4 weeks)
- for all RMOs other than those in their first year, a maximum duty period of 24 continuous hours (with additional time for handover)

In Canada, there have been recent efforts to establish a national consensus on RMO working hours. The 2013 recommendations of the National Steering Committee on Resident Duty Hours avoided a ‘one-size-fits-all’ approach to limits in favour of system-based changes. The Committee did conclude that shifts of more than 24 consecutive hours without recovery time should be avoided. A sixteen-hour duty limit applies in Quebec.

In the United Kingdom the European Working Time Directive mandates a maximum average of 48 hours per week over a six-month period. RMOs employed in the NHS may contract out of these regulations, in which case an average limit of 56 hours per week applies.

In Australia RMOs terms and conditions of work, including contractual hours of work frameworks, differ state-by-state.

- The general approach, led by the medical profession itself, has been described as a “risk minimisation approach... without imposing maximum working hours regulations”.
- For 2014 Australian Registrars (‘specialists in training’) reported working an average of 46.5 hours per week with some inter-state variation (higher in New South Wales and Victoria, lower in Queensland).
- A recent position paper by the 2013 Safer Hours Working Party of the Royal Australasian College of Surgeons proposed a minimum 65 hour working week for Surgical Registrars in Australia.

Overseas jurisdictions where there have been significant work and discussion around the hours of work of RMOs have highlighted the need to balance the risks of RMO fatigue from extended hours of work, maintaining continuity of care for patients and ensuring sufficient time for training – all factors which are critical to safe and high quality patient care.

DHBs want to engage with their RMOs on hours of work and have proposed a framework to progress this; they don’t want to simply be required to implement the Union’s preferred roster across all services.