
28 March 2022

Dear [REDACTED]

Re: OIA request – Cover for senior doctor and junior doctor vacant shifts

Thank you for your Official Information Act request received 28 February seeking information from Waitematā District Health Board (DHB) about vacant doctor shifts.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide 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?**

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

There is no electronic rostering system for RMOs or SMOs that holds the information requested. Providing information on shifts left uncovered/vacant over the last year would require the manual collation of information by Waitematā DHB and shared service agency staff across a number of services.

This is not information that is centrally collected or coordinated as each service would manage these instances differently in relation to the type of shift the RMO or SMO was scheduled to be working.

Manually collating the information requested 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.

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 these aspects of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

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

The steps to fill RMO vacant duties are usually as follows:

- where cover is not available for vacant duties in ordinary hours Monday to Friday 0800-1600 (8am-4pm) and we cannot get an additional RMO or SMO to provide cover, a vacant duty may be cross-covered by other RMOs working the day shift. Cross-cover is where a doctor provides care or oversight to additional patients alongside those allocated that day.
- where the vacant shift involves after-hours which can be the long-day portion between 16:00 – 22:00 (4pm-11pm), 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. However, this 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. SMOs 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 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);

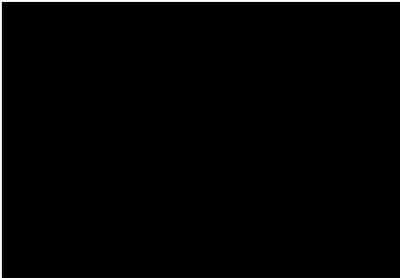
- redeployment of staff or services
- a step down process for cover such as an SMO covering the Registrar and/or a Registrar covering a House Officer vacancy
- a reduction in planned care such as deferring clinics or elective surgeries.

I trust that the information we have been able to provide is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Director People and Culture
Waitematā District Health Board**