

Impact of Te Whatu Ora Cost Pressures on RMOs Survey results summary, September 2024

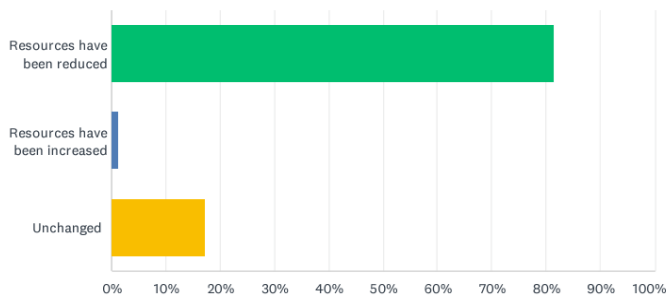
The following outlines results from surveying of membership over a two-week period and approximately a third of membership responding.

Accompanying comments have been selected as indicative of total responses.

Direct impacts on Residential Medical Officers (RMOs)

More than 80% of respondents have seen resources reduced in their service (specialty).

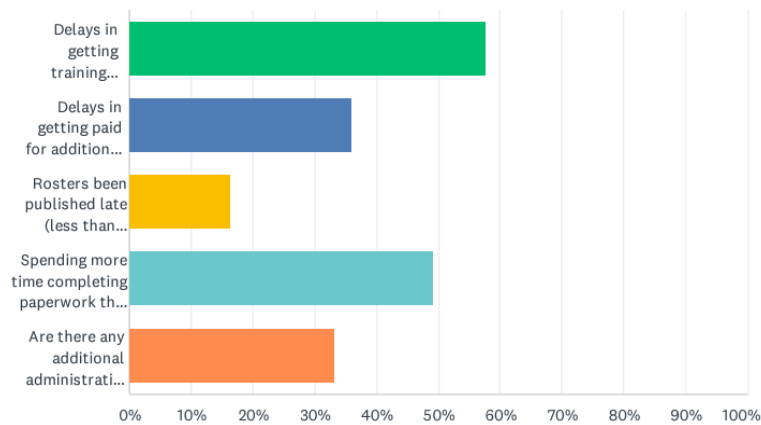
Have you seen any recent changes to resources in your service? i.e. roles not being filled, clinical and non-clinical



ANSWER CHOICES	RESPONSES
Resources have been reduced	81.54%
Resources have been increased	1.23%
Unchanged	17.23%

More than 70% of respondents have stated that current settings have impacted their work in one or more ways including delays in training, increased paperwork and other admin and issues with pay and rostering.

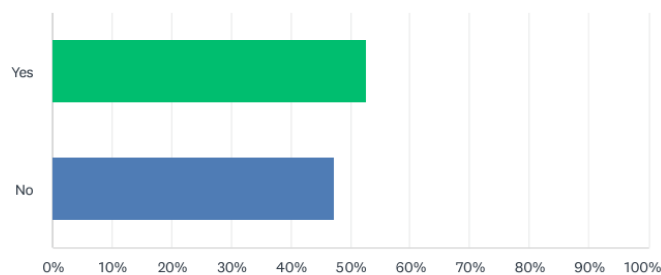
What has the impact of the budget restraint and recruitment freeze had on your role as an RMO?



ANSWER CHOICES	RESPONSES
Delays in getting training reimbursements processed (more than 4-weeks).	57.71%
Delays in getting paid for additional duties or extra shifts (more than 2-weeks).	36.00%
Rosters been published late (less than 28-days' notice).	16.38%
Spending more time completing paperwork than a year ago.	49.33%
Are there any additional administration tasks or other work that you are doing now, that you did not have to do a year ago due to the budget restraint and hiring freeze?	33.33%

More than half of respondents stated there are permanent RMO vacancies in their service.

Are there any permanent RMO Vacancies in your service? i.e., there should be 6 junior registrars this Run, but there are only 4.

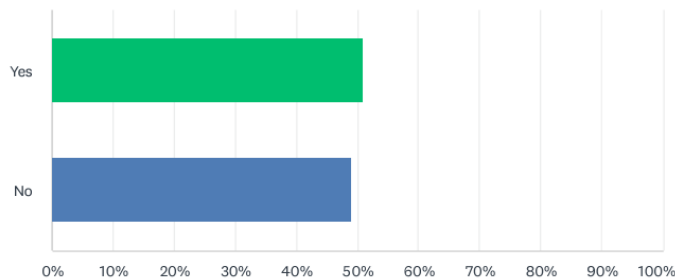


ANSWER CHOICES	RESPONSES
Yes	52.69% 304
No	47.31% 273

Cuts and shortages in medical support

Half of respondents reported SMO (senior doctor) shortages in their service.

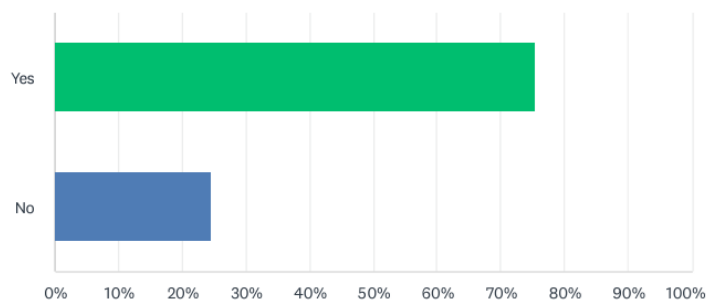
Are there any SMO Vacancies in your service?



ANSWER CHOICES	RESPONSES
Yes	50.89%
No	49.11%

Three quarters of respondents reported shortages of other medical staff in their service.

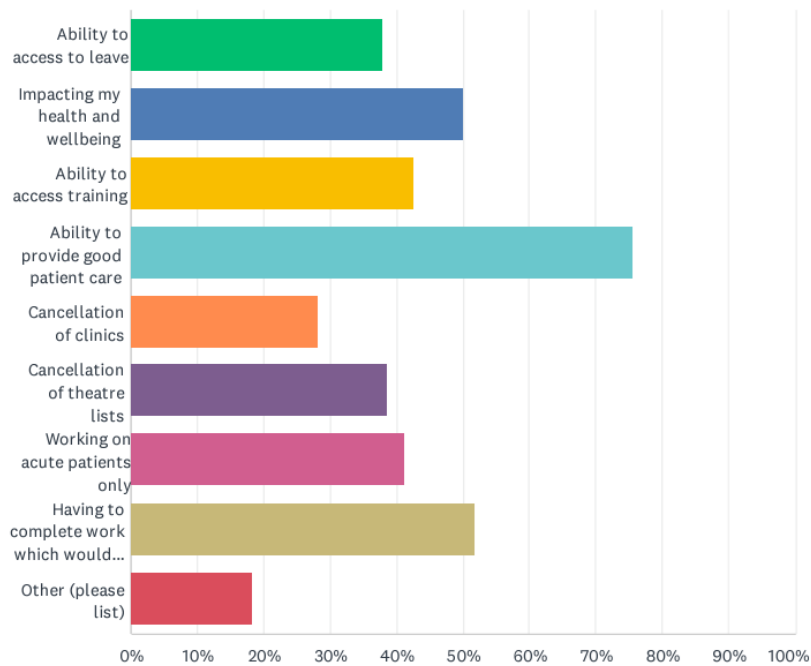
Are there any nurse/allied health/Duly authorised officers (DAO) or other vacancies in your service?



ANSWER CHOICES	RESPONSES
Yes	75.45%
No	24.55%

More than two thirds of respondents reported these medical staff vacancies are impacting their work in one or more ways including negative impacts on patient care and their own health and wellbeing.

If you answered yes, what impact are these vacancies having on your role as an RMO? If there are no vacancies in your service please skip this question.

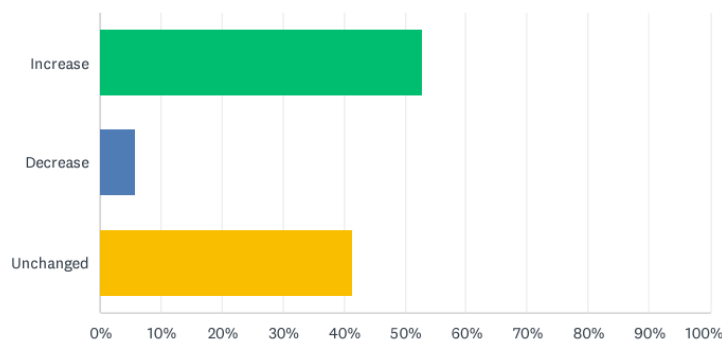


ANSWER CHOICES	RESPONSES
Ability to access to leave	37.93%
Impacting my health and wellbeing	50.10%
Ability to access training	42.60%
Ability to provide good patient care	75.66%
Cancellation of clinics	28.19%
Cancellation of theatre lists	38.54%
Working on acute patients only	41.18%
Having to complete work which would usually be completed by another workforce	51.72%
Other (please list)	18.26%

Additional workload

Significant numbers of respondents have indicated that they have had additional workload in the form of additional duties, cross-cover, and unpaid additional hours.

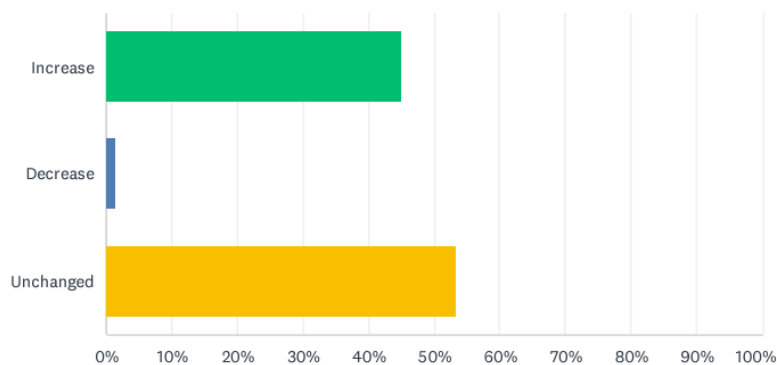
Has there been any recent change in how many additional duties you do or being offered?



ANSWER CHOICES	RESPONSES
Increase	52.88%
Decrease	5.76%
Unchanged	41.36%

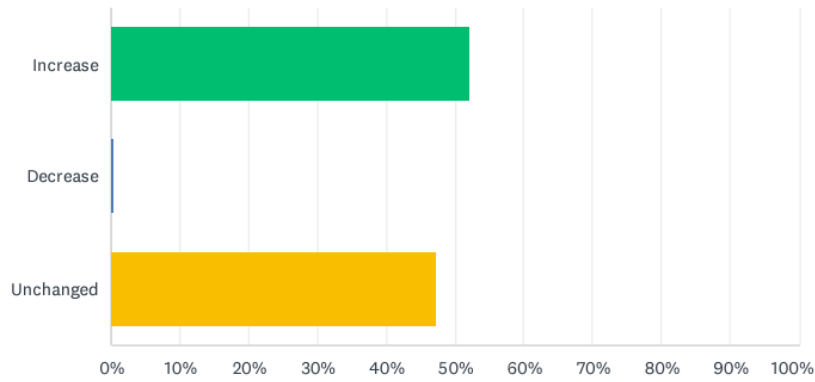
Has there been any recent change in how much cross-cover during the day you are being requested to do?

Answered: 573 Skipped: 155



ANSWER CHOICES	RESPONSES
Increase	45.03%
Decrease	1.57%
Unchanged	53.40%

Has there been any recent change in the un-rostered/non-paid hours you are doing?



ANSWER CHOICES	RESPONSES
Increase	52.18%
Decrease	0.52%
Unchanged	47.29%

Qualitative results

Please note: The following survey comments are from junior doctors (RMOs) who are STONZ members and have been selected as indicative of general comments. Minor edits have been made to some comments to remove possible identifying information.

Reduction in support services - Indicative comments

“Reduced theatre time. More mistakes in bookings and administrative work. Fewer channels to conduct quality improvement through. More irate patients firing off abuse.”

“High service provision requirements. Finish 7-8pm most weekdays, and often need to do paperwork in the weekends. During hours, often covering basic trainee roles, which minimises training/learning opportunities”

“Booking our own surgical lists, time trying to get through to IT, lack of training cases as they either don’t get listed for surgery and those that are long waits are outsourced, time spent trying to find OT spots for patients”

“Having to do more communication between service and patients for things like organising clinics and cases. Delays in reimbursements has meant being overdrawn or late on payments for childcare and/or mortgage this year.”

“Clinics have been cancelled due to nursing shortages (in context of vacancies not being filled). I have had to spend time reviewing the clinical notes of patients whose appointments have been cancelled to determine which patients are of highest priority for earliest rebooking.”

“Sorting out clinic appointments, bookers are very short staffed and sometimes clinics are all messed up, double booked, booked when people are on leave, wrong patients coming in (i.e. unnecessary follow ups).”

Shortages and cuts - medical support staff and SMOs - Indicative comments

“Large numbers of SMO vacancies are affecting supervision and workforce overall. SMOs are also stretched thin covering both acute and elective commitments. The access to training for RMOs therefore decreases”.

“Many midwifery shortages with direct impacts on patient care and staff wellbeing.”

“Frequently nursing shifts are vacant due to lack of staffing, leading to RMOs being forced to provide involuntary cover both in and outside of normal hours (mostly evenings, nights and weekends) for no pay.”

“Clinic nurses have vacancies affecting their ability to cover clinics.”

“Frequent Anaesthetic Tech shortages, high numbers of locum techs in the department. Regular list cancellations due to nursing, anaesthetic tech and/or anaesthetist sickness/shortages.”

“Resignations have occurred but CNMs have been told they have not been allowed to fill/replace staff.”