

28th May 2026

Dale Bramley
Chief Executive
Health New Zealand | Te Whatu Ora

Tēnā koe Dale,

Re: Appendix 8 – Chronic Cross-Cover Situations (SECA)

We are writing to draw your attention to [Appendix 8 of the STONZ SECA \(page 70\)](#), which specifically addresses chronic cross-cover situations, and to seek your support in encouraging services and departments across Health New Zealand to proactively utilise this provision, along with the associated tool available in the National Manual – copied at the end of this letter as a reference.

As you will be aware, Appendix 8 acknowledges that while cross-cover is an appropriate and legitimate response to short-notice, unplanned roster gaps during normal working hours, it is not intended as a sustained solution for ongoing vacancies.

Increasingly, however, STONZ members are experiencing chronic cross-cover situations arising from long-standing vacancies, often extending over multiple weeks or entire roster runs.

Each year, particularly as we head into the winter months, additional vacancies and higher acuity and demand on services places growing and, in many cases, unsustainable pressure on RMOs. There is also concern that cost considerations may at times be influencing the continued reliance on cross-cover, rather than prompting exploration of more appropriate and sustainable alternatives.

Appendix 8 clearly outlines expectations that where chronic cross-cover is identified, services must actively investigate alternative approaches. These include, but are not limited to:

- Temporary salary uplifts to reflect increased workload;
- Redistribution of the vacant position's salary among those undertaking additional duties;
- Adjustments to service delivery to maintain safe and sustainable workloads; and
- Utilisation of the roster review framework to establish mutually agreeable temporary arrangements, including appropriate remuneration adjustments.

Importantly, the Appendix also emphasises the need for clear communication with RMOs regarding steps being taken to address vacancies and confirms that any alternative arrangements should cease once vacancies are filled. Some services do this well, but where there is a mindset that planning is not required and communication is poor, we end up with situations such as that in Timaru last year. We strongly believe that could have been avoided with early engagement, planning and better communication.

We also encourage the use of the tool to guide services where it has been identified that RMO staffing is not sufficient, and/or RMOs have raised concerns about safe working hours. Some recent examples of services where we have seen significant concerns raised by RMOs and believe the use of Appendix 8 would be helpful are Plastics at Middlemore Hospital, O&G at Waikato, ENT at Waikato and are seeing early concerns raised within O&G at Christchurch Hospital.

While this framework already exists within the SECA, there remains variability in how consistently it is applied across services. We consider that more active promotion and leadership support would assist in ensuring that services are both aware of, and confident in using, these provisions and the supporting National Manual tool.

We would therefore value your support in reinforcing expectations with Senior leaders, GDOs, Services, RMO Units and others across HNZ that:

- Chronic cross-cover situations are identified early and formally recognised by HNZ/Services;
- Where identified, all Services make full use of Appendix 8 and the associated National Manual guidance; and
- That there is an expectation from yourself and senior HNZ leadership that Services act proactively and that transparent, and equitable solutions are implemented wherever ongoing vacancies exist.

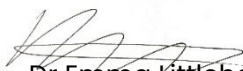
Strengthening the consistent application of this provision will not only support RMOs' wellbeing and training but will also contribute to safer and more sustainable service delivery and ultimately better patient outcomes.

Thank you for your consideration of this matter. We would welcome the opportunity to discuss how this can be further supported at a system level when we meet with you in July – however are writing now, as for many of our members they are already feeling the added pressure that winter brings and require support now.

Ngā manaakitanga,
STONZ Senior Executive



Dr Jordan Tewhaiti-Smith
President



Dr Emma Littlehales
Vice-president



Dr Briana Northey
Senior Executive



Dr Alastair Hercus
Senior Executive

****Please note, we will also be sharing the contents of this letter with our membership as they have requested further advocacy in this area.***

Appendix 8 Chronic Cross Cover – STONZ CA

Background

During the 2023/2024 bargaining round, STONZ raised the issue of current shortages of RMOs leading to vacancies in rosters which in turn leads to cross cover situations.

Agreement was reached in bargaining (by way of appendix 8 in the STONZ CA) to have a mechanism to look at these situations and find solutions and ways to recognise those RMOs that are working in these circumstances.

It was agreed that where an identified chronic cross-cover situation is occurring, the service must investigate other solutions and ways to recognise the remaining RMOs working on the Roster when an ongoing vacancy exists. This could include options such as:

- Increasing the salary category for a set period of time while there is a vacant position.
- The salary of the vacant position is split between those that are covering.
- Service to reduce their service provision to allow for remaining RMOs to continue to work and train without a sustained increase in workload.
- Using the roster review framework for a long-term absence, to come up with an agreeable temporary roster. This would also need to include a salary review for the additional work. This may mean agreeing to a non-compliant roster for a period of time but could still be preferable to the RMOs working in the service.

Where such alternate arrangements are agreed this would be in lieu of receiving the daily cross-cover payment (although cross cover may still apply for short-notice rosters gaps).

The full appendix 8 Chronic Cross Cover can be found on page 70 of the STONZ Collective Agreement.

Either party can identify a chronic cross-cover situation for the service to commence a review.

This document is to be used as a guideline to provide a framework for RMO units and services to consider a consistent approach to support chronic cross cover situations.

Chronic Cross Cover Factors

Key factors impacting chronic cross cover are permanent vacancies on the roster and other situations that compound the total number of shifts requiring cover.

For the purposes of this document, a vacancy is defined as having less RMO FTE than the establishment of RMO FTE.

1. Permanent/Long term Vacancies Period of time impacted by vacancies

- Are there available cover options when considering;
 - Skill mix and level of experience required e.g. BT / AT or SET / Non-SET

- Can SMO pick up workload to allow for ongoing training opportunities while maintaining service provision e.g. in ED wait times increase, SMO run procedures / clinics / acute load

2. Compounding Factors

- Medical Education Leave for requirements of training e.g. release over peak periods for exam prep and exams
- RMOs working reduced FTE
- Unplanned and short notice absences
- SMO availability

GUIDELINES

#	Guidelines	District Reps
1	<p>Overarching principles</p> <ul style="list-style-type: none"> • RMO Wellbeing • Patient Safety • Impact on Training 	
2	<p>Assessment (framework / triggers)</p> <ul style="list-style-type: none"> • Complete checklist 	RMO, SMO, Service
3	<p>Meet with RMOs (separately from other work groups) and then with SMOs (if required) that contribute to roster to discuss options and determine if it is a chronic cross cover situation. If agreed, then next steps.</p> <p><i>RMOs are encouraged to discuss with RMO units if they do feel uncomfortable to have a service wide discussion so it can be operationalised appropriately for those teams.</i></p>	All
4	Where there are concerns follow the appropriate escalation pathway	GM, CMO, GDO
5	Communication with the unions that potential situation arising / investigating solutions	Key contact for District
6	<p>Consider whether a run review is required where there is a concern that un-rostered hours may increase. If required, follow the run review process as set out in the RMO CAs.</p> <p><i>Noting that the run description should not document temporary changes to RMO duties. If temporary changes are made these require a separate time limited document to be used.</i></p>	RMO Unit and Service
7	<p>Consider what changes may be appropriate dependent on the situation</p> <ul style="list-style-type: none"> • Opportunity to use RMO Roster Review and Relief Framework to help with development of solutions to address concerns • Determine if a change process is required 	RMO Unit and Service
8	<p>Consider the impact of any changes on RMO training. Ensure that RMOs are not missing out on training experiences and just being used for service provision.</p> <p><i>Service to develop an agreed plan that addresses how access to training will be maintained within an increased service request, ensuring compliance with accreditation standards.</i></p>	RMO Unit and Service
9	<p>Consider the options outlined in Appendix 8 that may impact remuneration;</p> <ul style="list-style-type: none"> • The period of time that the change to remuneration will be in place • Criteria for payment • Who will receive payment 	RMO Unit, Operations Manager, CD, GM, CMO, Finance

	<ul style="list-style-type: none"> Financial impact and sign-off in line with delegated authorities set out in national policy (will need to consider both RMO and SMO financial impact where applicable) 	
10	Further engagement with RMO unions on proposed solution/s and where applicable any alternative remuneration options	Key contact for the District
11	Clearly document any agreed alternative remuneration option that will replace payment of cross cover noting; <ul style="list-style-type: none"> Timeframe Who will be affected When alternate option will cease Any exceptions where applicable 	Operations Manager CC: GM, CMO, Finance, Payroll
12	Communicate plan to all affected RMOs/SMOs/RMO Units/Services and unions <ul style="list-style-type: none"> Identify how and when plan will be communicated Clearly document requirements Ensure RMO unions are updated 	Operations Manager / Service Lead
13	Consider whether more longer term work is required where the service model of care may need to change as a result of workforce shortages.	Service, GM, CMO

Checklist for assessing Chronic Cross Cover:

Name of Roster: (e.g. Medical Registrars)

Duration of roster: (3,4 or 6 months)

Dates of roster: (e.g. Jan – July 2025)

Period that chronic cross cover is a concern:

Question		
How many vacancies in the roster for the period being considered?	%	FTE
Is the absence of other workforce groups impacting on Cross Cover requirements? E.g. House Officers, Registrars, SMOs	Yes/No Comment:	
Are RMOs reporting increased instances of fatigue as a result of the vacancies?	Yes/No Comment:	
Has there been an increase in sick leave taken as a result of the vacancies?	Yes/No Comments:	
Are RMOs working beyond the limits of hours provisions (e.g. more than 140 hours in a 14-day period)?	Yes/No Comment:	
Is patient continuity of care being negatively impacted by the vacancies?	Yes/No Comment:	
Are there identified clinical risks as a result of the vacancies?	Yes/No Comment:	
Are RMOs able to regularly attend formal teaching sessions?	Yes/No Comment:	
Are RMOs getting opportunities for teaching during rounds/clinics etc?	Yes/No Comment:	
Are RMOs able to take a meal, and rest break?	Yes/No Comment:	
Is the service having to decline MEL as a result of the vacancies?	Yes/No Comment:	
is the service having to decline annual leave as a result of the vacancies?	Yes/No Comment:	

Review of this document should be completed after six months of implementation and be based on RMO units and services feedback.