

**Employment Arrangements for Medical Officers in the
NSW Public Health Service**



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1 BACKGROUND

1.1 Purpose and scope

This document outlines the employment arrangements to be applied by NSW Health agencies when engaging medical officers under the *Public Hospital Medical Officers Award* and also facilitates a consistent application of employment provisions by NSW Health agencies when medical officers are required to rotate between facilities as part of their pre-vocational or vocational training program.

This document is to be read in conjunction with the *Public Hospital Medical Officers Award*.

1.2 Rescinds and replaces

PD2017_042 *Employment Arrangements for Medical Officers in the New South Wales Public Health Service*

1.3 Applicability

This document covers medical officers employed under the *Public Hospital Medical Officers Award*.

1.4 Compliance

All NSW Health agencies are to comply with this policy directive.

2 DEFINITIONS

Junior Medical Officer (JMO): Non-specialist grade medical including Interns, Resident Medical Officers, Registrars, and Senior Registrars.

Night shift: A night shift includes hours that are worked between midnight and 7.00 am Monday to Sunday, as per the application of night time penalty rate in Clause 8 of the NSW Public Hospital Medical Officers Award.

Normal no penalty hours: The time after 10 hours in an ordinary hours shift that is paid at overtime rates. (the Award states that “*all time worked in excess of 10 hours in any one shift shall be paid as overtime*”) While paid at an overtime equivalent rate, these are NOT overtime hours.

NSW Health Agency: A public health organisation or any other administrative unit or entity under the control of the Secretary or the Health Administration Corporation in respect of which staff of the NSW Health Service are employed.

Ordinary Hours: what a Medical Officer is contracted to provide as part of their job agreement (38 hours per week, achieved by rostering an 80 hour fortnight with one allocated day off per calendar month) for a full time medical officer.

Pre-vocational Training Program: This is a networked program in which a medical officer is required to work in one or more locations over the duration of the program as part of the process of completing the first two years of postgraduate training in public hospitals.

Rostered Overtime: Hours above ordinary hours that are planned to be worked in advance and published in the roster.

Rotation: Rotation is a period spent in a facility within a pre-vocational or vocational training program and may include rotations outside of NSW Health to private or interstate facilities.

Secretary: Refers to the Secretary of the NSW Ministry of Health.

Unrostered Overtime: Hours above ordinary hours that are not planned to be worked in advance.

Vocational Training: Is training undertaken by a medical officer in order to achieve specialist qualifications. Vocational training may be undertaken as part of a Specialist College or Health Education and Training Institute networked training program that requires the medical officer to work in different locations over the duration of the program as part of the training program.

3 EMPLOYMENT ARRANGEMENTS

3.1 Class of employee

Medical officers are classified as exempt employees under the Health Industry Status of Employment (State) Award.

3.2 Contracts of employment

Except for progression from intern to resident as covered by 3.2.1 below, a medical officer will increment through the relevant scale as per years of service, subject to satisfactory performance.

3.2.1 Pre-vocational training programs

Medical officers recruited into the networked pre-vocational training program are to be offered two year contracts.

Medical officers in postgraduate year 1 are engaged as Interns under the *Public Hospital Medical Officers Award*.

Interns will undergo a period of orientation (paid at intern rates of pay) prior to commencing their formal period of intern training to gain general registration.

Upon completing the requirements for and obtaining general registration, a medical officer will progress to, and be classified as, Resident Medical Officer, Year 1, as specified under the *Public Hospital Medical Officers Award*.

The date of progression to Resident Medical Officer, Year 1, will then become the medical officer's incremental date for subsequent progression between incremental steps depending on satisfactory performance, the position they occupy and subject to applicable Award requirements.

3.2.2 Vocational training programs

Medical officers in vocational training programs will be employed under the *Public Hospital Medical Officers Award* as Resident Medical Officers, Registrars or Senior Registrars during the life of the contract, depending on both the nature of the position and meeting any Award requirements for such a classification.

Medical officers appointed to vocational training program positions are to be engaged under a single contract for the minimum potential period for completion of the training wherever the employing facility is accredited to cover the full length of training, and/or there is an arrangement in place between facilities which enables the trainee to complete the relevant training requirements.

Contracts will be issued up to the end of the clinical year in which the minimum potential period of training is to be completed, i.e. the appropriate date in February following the minimum potential end of training. The contract length may vary dependent on the training program, including whether the training program is divided into basic and advanced training components and any previous training the medical officer may have undertaken, although it is anticipated in most circumstances the length of the contract will not be less than two years. Continuation of the contract is dependent on progression through the program at the expected rate and is subject to satisfactory annual performance review.

Accredited training positions will be advertised as a temporary appointment for up to the period specified in the Ministry of Health Recruitment bulletin or equivalent publication.

3.2.3 Positions not part of a vocational training program

Medical officers who are not in a pre-vocational or vocational training program are engaged for a specific period as a Resident Medical Officer, Registrar or Senior Registrar, depending on the classification of the position consistent with relevant Award provisions.

3.2.4 Rights of private practice in a public hospital

Resident medical officers and registrars have no rights of private practice and are not permitted to engage in private practice within the NSW Health hospital or service at which they are employed, or where rotated to a facility or site outside NSW Health, while still employed in the NSW Health Service. Visiting medical officers and staff specialists must not include an assistant's fee in their accounts to private patients where the assistant in question is a resident medical officer or registrar.

3.2.5 Contracts

The contract of employment (made in accordance with subclauses 3.2.1 and 3.2.2 above) should specify where possible the facilities and locations within which the medical officer may be required to work if the training program requires rotation through a network. Such rotations do not generally constitute separate contracts of employment. Such contracts should also specify that facilities and locations may be subject to change to recognise that during the life of a contract local service provision requirements and priorities, and training arrangements, may change.

4 ADMINISTRATION OF EMPLOYMENT ARRANGEMENTS

The following provisions are intended to assist NSW Health agencies in effectively administering employment arrangements for medical officers during their employment, such as leave entitlements and human resource documentation, particularly where rotation throughout a network is required.

4.1 Administration for networked training programs

The NSW Health agency which first engages a medical officer in a training program (the parent NSW Health agency), is responsible for the administration of that medical officer's employment provisions for the entire period of their NSW Health employment while they are in that training program as a medical officer, regardless of whether a facility to which the medical officer is required to rotate as part of the training program is in another NSW Health agency.

The relevant personnel of the parent NSW Health agency and the rotation facility should liaise with each other prior to each rotation to ensure that appropriate local supervisory and support arrangements are in place.

4.1.1 Employment Screening - National Criminal Record Checks, Working with Children Checks and Immunisation Compliance Status

For details regarding employment checks for medical officers please see NSW Health policy directive on *Employment Checks – Criminal Record Checks and Working with Children Checks*.

Immunisation

Employment is also conditional on participation in the screening, assessment and vaccination requirements outlined in NSW Department of Health Policy Directive *Occupational Assessment, Screening and Vaccination to Specified Infectious Diseases* as may be amended from time to time.

4.1.2 Confirmation of identification at the rotation facility

Regardless of whether or not the rotation facility is within or outside the parent NSW Health agency's boundary, the rotation facility must ensure that photo identification is sighted and the medical officer's identification confirmed prior to the medical officer commencing work at the rotation facility.

4.1.3 Registration conditions

The parent NSW Health agency must ensure that rotation facilities receiving medical officers on rotation, regardless of whether the rotation facility is within or outside the parent NSW Health agency, are advised of any registration conditions, notations etc, imposed by the Medical Board on the medical officer *before* the rotation commences, to ensure the rotation facility has the capacity to accommodate such conditions and to give them time to make appropriate arrangements where necessary.

Medical officers are required to maintain their professional medical registration with the Medical Board of Australia. Continued appointment is conditional upon maintaining this registration and providing evidence of registration and compliance

with any conditions, notations or other requirements in the course of appointment, prior to commencement of appointment and at the time of renewal. If the status of their registration changes, the medical officer must notify the Chief Executive of the NSW Health agency at which at that time they are working, within seven days of the change.

4.1.4 Documentation required to and from the rotation facility

Prior to commencement of the rotation, the parent NSW Health agency is to provide the rotation facility with the documentation outlined below to be maintained throughout the rotation period:

- Completed employment and leave details on commencement of rotation
- A copy of the completed 100 point ID checklist
- A copy of the relevant work visa if the medical officer is not an Australian citizen or permanent resident
- Immunisation records.

In addition to the information above, the rotation facility is to also maintain a copy of the medical officer's current registration which can be downloaded from the AHPRA website at <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>, and a record of the date of verification of current professional registration status.

Immediately on completion of the rotation period, the rotation NSW Health agency is to provide employment and leave details as at completion of rotation to the parent NSW Health agency. Any other relevant documentation, such as leave forms and overtime records should also be forwarded to the parent NSW Health agency.

4.1.5 Payment of salaries and associated costs

The parent NSW Health agency will retain administration of the salary and other associated costs for the rotation period. The rotation NSW Health agency will reimburse the parent NSW Health agency for all the salary costs incurred while the medical officer was on rotation. Reimbursement is to take into account the associated on costs including leave and workers compensation.

4.1.6 Salary packaging arrangements

Medical officers may only enter into one salary packaging arrangement given there is only the one contract of employment and one employer. Rotations are not new or separate contracts of employment; therefore there is no multiple eligibility for salary packaging in a Fringe Benefit Tax year.

Any taxation savings obtained during the contract of employment will be distributed between NSW Health agencies on a pro rata basis for the period the medical officer is on rotation at each NSW Health agency.

4.1.7 Taxation requirements

The parent NSW Health agency is responsible for providing the medical officer with all employment tax documentation.

4.1.8 Requests for leave

No requests for leave are to be approved without consultation with the parent NSW Health agency, with the exception of short term leave such as sick leave, FACS Leave, Personal Carers leave and allocated days off accumulated and taken while the medical officer is on rotation. Equally, the parent NSW Health agency is to seek the concurrence of the rotation facility for any leave requests that will affect the rotation period. Medical officers must ensure that the appropriate leave forms are completed and approved for all leave taken while on rotation.

4.1.9 Allocated days off

Allocated days off (ADOs) for eligible medical officers are an Award entitlement and rosters must make provision for them to be taken. Medical officers are to be directed to take all rostered ADOs. The medical officer's supervisor must ensure that the medical officer is able to take his or her ADO entitlement.

ADOs **must not** be rostered on the same calendar day that a night shift finishes.

Where at the end of a rotation to a District by a medical officer there are any untaken ADOs, those ADOs must either be provided to the medical officer or paid out – at ordinary time rates for the first three untaken ADOs and at appropriate overtime rates for any additional ADOs after the first three. ADOs may only be taken in whole days.

Where a medical officer starts a new rotation with a new District, the District from which the medical officer has rotated must either provide or pay out any accrued or untaken ADOs for that medical officer before the medical officer commences the new rotation. There is no transfer of untaken ADOs between Districts.

4.1.10 Reimbursement of leave at the end of the rotation period

The rotation NSW Health agency facility will reimburse the parent NSW Health agency on a pro-rata basis for all annual leave accumulated by the medical officer during the rotation period in accordance with the number of weeks spent on rotation. This includes reimbursement for any additional annual leave that may have been accumulated for working public holidays and/or Sundays as prescribed for under subclauses 12(ii) and 13(ii) of the *Public Hospital Medical Officers Award*. The costs for short term leave taken by the medical officer while on rotation are to be borne by the rotation facility.

4.1.11 Hours of work

All medical officers are to be rostered to work their contracted hours in the roster cycle and must be paid the appropriate rates for each roster cycle. Leave without pay can only be entered into a roster where a medical officer has formally applied for leave without pay, and this application has been approved.

4.1.12 Fatigue prevention

Award hours of work provisions are contained in the *Public Hospital Medical Officers Award* and rostering of medical officers must apply the award entitlements.

When rostering medical officers health agencies must ensure that all rosters comply with Award provisions, policies and guidelines and that rosters support medical officers in preventing fatigue and providing safe patient care.

HealthRoster is configured to apply award provisions and is consistent with NSW Health policies.

In published rosters effective from the start of the 2018 Clinical Year on 05 February 2018, all health agencies must apply the standards below when rostering medical officers:

All employees involved in rostering of medical officers, including General Managers, Heads of Divisions, Heads of Departments, Directors of Clinical/Medical Services and Medical Workforce Units must play their part in applying these standards in a genuine manner, so that medical officers are not exposed to rostered shifts which generate fatigue and compromise their well-being. All rostered shifts must include sufficient time for handover.

Maximum rostered hours

Employees not be rostered for shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover).

Break after rostered shift periods

Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours.

Monitoring

Health agencies must have processes in place to monitor compliance with these standards and regularly review rosters that do not meet the above standards. Health agencies must be able to demonstrate their commitment and action to limit rostered shifts that do not comply with the above standards.

Health agencies will periodically be asked to confirm that these standards are applying in rosters. The frequency of rostered shift periods totalling more than 14 consecutive hours (inclusive of meal breaks and handover), and where there are breaks between rostered shift periods of less than 10 hours, will be monitored under health system management arrangements.

4.2 Administration for positions not part of a networked training program

The NSW Health agency engaging a Resident Medical Officer, Registrar or Senior Registrar not in a networked training program, is responsible for ensuring that employment provisions are appropriately administered for the life of the contract.

5 RATES OF PAY AND GRADING OF OVERSEAS TRAINED MEDICAL OFFICERS

In order to provide a consistent approach in grading overseas doctors, the following arrangements are to apply:

(1) Where an overseas trained medical officer has a degree from a Competent Authority country as determined by the Medical Board of Australia (see [http://www.medicalboard.gov.au/Registration / International-Medical-Graduates/Competent-Authority-Pathway.aspx](http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Competent-Authority-Pathway.aspx)), service in those countries shall be treated as equivalent to service in hospitals in the Commonwealth of Australia for salary purposes only.

(2) Where an overseas trained medical officer has a degree from a non-Competent Authority country but has worked, at least partly, in a Competent Authority country, the period worked in the Competent Authority country shall be treated as equivalent to Australian experience.

(3) Where an overseas trained medical officer has a degree from a non-Competent Authority country and has not worked in a Competent Authority country, the following starting grades shall apply:

- a) If appointed to a General unstreamed (i.e. not College accredited) Resident Medical Officer (RMO) or a Senior Resident Medical Officer (SRMO) position: RM01
- b) If appointed to a Basic Physician Trainee (BPT), Basic Trainee, Provisional Trainee, Trainee or Unaccredited position: RM02
- c) If appointed to an Advanced Trainee or Provisional Fellow position: Reg 1 RM03
- d) The rules for Senior Registrar appointments apply. As an overseas trained medical officer must have an Australian Fellowship to be eligible for appointment as a Senior Registrar, it is anticipated that this classification will rarely apply.

Overseas trained medical officers in categories (2) (in respect of their non-Competent Authority time) and (3) as set out above, may seek a review of their classification after three months. Depending on performance as determined by the Head of Department/ Director of Training and the DMS/JMO Manager at the relevant facility, all or some proportion of their overseas experience may then be counted. This decision should be recorded in the medical officer's employment records and if the doctor moves to another NSW Health agency, this grading will continue to apply.

(4) Where NSW Health agencies seek to initially grade an overseas trained medical officer from a Non-Competent Authority country at a higher level than as determined by section (3) above, this will require approval by the Chief Executive or Director of Clinical Operations, and must be recorded appropriately in the medical officer's employment records. If the medical officer then moves to another NSW Health agency, the second NSW Health agency is not required to accept the grading from the first NSW Health agency.

6 ROTATIONS TO COUNTRY LOCATIONS

A medical officer, other than an intern, on rotation to one of the facilities listed at Annexure A shall have his/her salary increased by one incremental step, by way of an allowance, for the period the medical officer is working at that hospital on that rotation. Suitable accommodation is to be provided for medical officers who are on rotation to a hospital listed in Annexure A as part of a networked training program.

7 ROTATIONS OUTSIDE NSW HEALTH

As part their training, a medical officer may be required to work in other accredited facilities which may include NSW private hospitals, and in some circumstances facilities in other States. While medical officers are working in NSW public hospitals they are indemnified by the NSW Treasury Management Fund (TMF) for liabilities arising from health care claims in respect of patient treatment provided during the course of employment with the NSW Health Service, subject to having acted in good faith and the conduct involved not constituting serious and wilful misconduct.

Rotations outside of the NSW Health Service, for example to private facilities, should generally be on the basis of leave without pay from NSW Health for the period of the external rotation. The medical officer should then be directly employed by the private or interstate facility for that external rotation with separate medical indemnity coverage.

However, where during a rotation which is principally to a public hospital, a medical officer is required also to provide services in a private facility, the medical officer should do so as an employee of NSW Health. The provision of services in private facilities by medical officers who at that time are employees of NSW Health should only occur for training purposes and, in respect of each medical officer involved, require the prior written approval from the relevant District (TMF indemnity cover may not be available if such approval has not been obtained). All hospitals should have a process in place to provide such approvals where a medical officer will be working in a private facility.

NSW Health agencies should provide those private facilities with the same details for rotating medical officers as set out under section 4.1.4 above, in respect of the 100 points ID check, valid visa and immunisation records.

8 ACCOMMODATION CHARGING ARRANGEMENTS

Where a medical officer who resides at a hospital is provided with board and accommodation at a rotation facility while on rotation, the medical officer will only be charged for board and accommodation at the rotation facility.

However, where a medical officer continues maintaining their original rental accommodation while accommodated in quarters at the rotation facility, no charge will be made for the board or accommodation supplied at the rotation facility. This will be subject to providing evidence, such as rental receipts, to the rotation facility. However if their family accompanies the medical officer, any meals provided by the rotation facility shall be charged for as prescribed by the *Public Hospital Medical Officers Award*.

9 UNROSTERED OVERTIME

The overriding principle of the management of unrostered overtime is the maintenance of a safe workplace where patients can be confident that they are receiving the highest quality of medical care and staff are able to perform their duties in a competent and professional manner, without adverse effects from fatigue.

Under normal operating conditions, situations will arise where there is the requirement for medical officers to undertake unrostered overtime.

The aim of this Policy Directive is to ensure that medical officers are able to undertake unrostered overtime where appropriate, and they can be confident that claims for such overtime worked will be paid accordingly.

9.1 Approval Process to work unrostered overtime without prior approval

Prior approval to work unrostered overtime is **not required** for:

9.1.1 Medical emergency

In the event that a medical officer is treating a critically ill patient or a patient's condition has changed dramatically at the completion of a shift, they may undertake unrostered overtime until adequate medical attention can be arranged.

9.1.2 Transfer of a patient

In the event that a medical officer is treating a patient who requires transfer, they may undertake unrostered overtime until the transfer process is complete.

9.1.3 Extended shift in theatre

In the event that a medical officer is already working in theatre and the procedure continues past the scheduled end of shift, they may undertake unrostered overtime until their responsibilities conclude.

9.1.4 Patient admission / discharge

In the event that a medical officer is responsible for the admission and/or discharge of a patient at the completion of a shift, they may undertake unrostered overtime until their responsibilities conclude.

9.1.5 Completion of outstanding patient transfer/discharge summaries

Patient transfer/discharge summaries should be provided to the patient on transfer/discharge. In the event that a medical officer is unable to complete this documentation during their normal rostered hours, or the task is unable to be handed over to another medical officer to finish, they may undertake unrostered overtime until this work is complete.

9.1.6 Late ward rounds

Visiting Medical Officers/Staff Specialists are expected to undertake ward rounds within the medical officer's normal working hours. Where ward rounds are regularly held before or after the medical officer's rostered shifts or at weekends (i.e. it is known in advance that a medical officer will be required to attend those times), then the roster must be updated to allocate these hours as normal hours or rostered overtime.

In the event that a medical officer is requested by a superior to attend a late ward round outside of their rostered shift, they may undertake unrostered overtime until their ward round responsibilities conclude. or where it is feasible for this work to be handed over to another medical officer to complete.

In the event that a ward round occurs during a medical officer's rostered shift but they have ongoing ward round responsibilities that extend beyond the length of their rostered shift, they may undertake unrostered overtime until their ward round responsibilities

conclude or where it is feasible for this work to be handed over to another medical officer to complete.

9.1.7 Mandatory Training

Mandatory training should be completed in rostered hours. In circumstances where a medical officer is required and directed by their employer to complete mandatory training outside of their rostered hours, they may undertake unrostered overtime.

9.1.8 Clinical Handover

Clinical handover should occur during the medical officer's normal rostered hours. Where designated clinical handover cannot be undertaken within rostered hours, a medical officer is permitted to undertake unrostered overtime until clinical handover is complete.

9.1.9 Hospital-based Outpatient Clinics

When a medical officer is assigned to work in a hospital-based outpatient clinic and the clinic extends beyond their rostered hours, the medical officer may undertake unrostered overtime until they have completed their clinic duties.

9.2 Approval to work all other unrostered overtime

All other unrostered overtime that is not described in section 9.1 must receive **prior approval** before being undertaken.

Health Agencies must designate which positions in a facility can provide the prior approval to the medical officer. In identifying who can provide prior approval, consideration needs to be given to the following:

- The approver must be accessible to the medical officer when the request to work unrostered overtime is made
- The approver should have a knowledge of the work undertaken by the medical officer so as to be able to determine the unrostered overtime requirement
- The approver should be in a position to reallocate or reassign the unrostered overtime work if approval to work is not granted.

Each facility must have a method in place to record prior approval of overtime granted across clinical services at the time to the approval is given.

Where prior approval is not given, a decision must be made about how the required work is to be completed so the requesting medical officer can leave at the end of their rostered shift.

9.3 The claims process

Medical officers are to provide the following information at a minimum on the overtime claim form:

- Employee's name and employee number
- Department or cost centre where overtime was worked
- Name and Medical Record Number (MRN) of the last patient seen during the period claimed (if relevant)
- Reason for the overtime (as per Section 9.1. or state the reason if not included in this list)

- Date, start and finish time of the unrostered overtime
- The name of the training course (for a claim relating to Mandatory Training)

Employees must sign the form and as part of this signature confirm that the claims are a true and accurate reflection of work performed and that they sought prior approval where it was required.

Local facilities must have a centralised point for the submission of claims by medical officers.

Medical officers are to ensure that claims for unrostered overtime are submitted as soon as possible. They should be submitted no later than four weeks after the overtime was worked to ensure claims are processed and verified within a reasonable timeframe. Claims outside of this timeframe may take longer to validate due to the lapse of time.

9.4 Payment of overtime

In accordance with the Award, claims that are consistent with section 9.1 (prior approval not required) or section 9.2 (prior approval received) must be paid where the required information has been provided and validated in the claim form. Claims will be subject to audit as per section 9.5 below.

Health Agencies and Facilities must use an appropriate method to ensure Department Heads and other service managers (as appropriate) are aware of the level of unrostered overtime that has been worked and paid. While Department Heads and service managers are to be kept informed of unrostered overtime, their approval is not required for payment to be made.

The NSW Health Agency should process, where practicable, unrostered overtime claims in the next pay cycle after the medical officer submitted the claim.

Medical officers must be provided with a written explanation from their Health Agency outlining the reason(s) for any claims that are rejected.

9.5 Audit and Monitoring

Health Agencies must have processes in place to ensure claims made are valid and match the documentation provided. These processes should be standardised across the Health Agency and involve routinely cross checking a proportion of claims against the relevant patient details in the Electronic Medical Record and other systems.

Health Agencies must have monitoring processes in place to review and report on the amount of unrostered overtime and the claims process. Action must be taken to resolve any unsafe hours that are being worked.

Accurate recording and payment of all unrostered overtime will assist Health Agencies in managing their resources and should inform future workforce planning decisions.

10 MATERNITY, ADOPTION AND PARENTAL LEAVE

Under the *Public Hospital Medical Officers Award*, medical officers are entitled to paid maternity, adoption or parental leave if they have completed 40 weeks' continuous service prior to the anticipated date of birth or prior to taking custody of the child.

Where a medical officer's contract is due to expire and there is a reasonable expectation that the medical officer will be immediately re-engaged under another fixed term contract, (for example where a prevocational trainee completes their prevocational training and moves to a vocational training program or a vocational trainee completes the basic training program and moves into an advanced training program) the taking of maternity, adoption or parental leave for part of the new contract is not a relevant factor when assessing the medical officer for suitability to the position. No adverse inference is to be drawn against a medical officer's application in these circumstances.

Medical officers under this scenario are to be advised that they are entitled to apply for a position in the following year in the normal way and should do so to retain eligibility to any paid entitlement under the Award.

The financial responsibility for paid leave rests with the NSW Health agency in which the medical officer is engaged when the paid leave is taken.

11 LIST OF ATTACHMENTS

11.1 Attachment A – Country Hospitals

Albury Base Hospital

Armidale and New England Hospital

Bathurst Base Hospital

Broken Hill

Byron Central Hospital

Coffs Harbour Hospital

Dubbo Base Hospital

Goulburn Base Hospital

Grafton Base Hospital

Griffith Hospital

Lismore Base Hospital

Manning / Taree Base Hospital

Orange Base Hospital

Port Macquarie Base Hospital

Shoalhaven Memorial Hospital

South East Regional Hospital

Tamworth Rural Referral Hospital

Tweed Heads District Hospital

Wagga Wagga Base Hospital