

Overtime must be due to a demonstrable clinical need that could not be met by other means.

This form is to be completed by the DiT for hours worked in addition to their rostered hours where tasks cannot reasonably be handed over.

Employee Name:		Employee Number:		Employee: Signature:		Date:	
Department:		Classification: (Intern/HMO/Registrar)		Pay Fortnight Ending:		Payrun: (N or H)	

Clinical need includes:

- | | | |
|-------------------------|------------------------------|-------------------------|
| 1. Direct Patient Care* | 2. Ward Round | 3. Discharge Summaries* |
| 1. Theatre* | 2. Delayed/extended handover | 3. Patient Admin* |
| | | 4. MDM Preparation |

* Please write the patient UR number

Payroll Reference	Rate	OT 1	OT 2	OT 3	OT 4
	150%	1321	1322	1323	1324
	200%	1331	1332	1333	1334
	250%	1341	1342	1343	1344

Date	Day	Reason (e.g. 3.) Please note primary reason	Patient UR #	Start Time	Finish Time	Higher Duties (Y/N) (See procedure)	Total Hours	NUM/Registrar/Consultant Pre-Approval (not mandatory)	Head of Unit/Director Clinical Services Signature
Rostered Fortnightly hours (optional):						Fortnightly Total			

Please submit the completed form to mhpayoutdata@mh.org.au. For further clarification on approval process contact RMH-MWU@mh.org.au.

Unrostered Overtime – DiT Medical Staff Procedure

1. DEFINITIONS

- a. Rostered Overtime – are hours included in the published roster in excess of ordinary hours. On-call and Re-call is categorised as rostered overtime
- b. Unrostered Overtime - all other overtime is deemed unrostered;
N.B. Unrostered overtime should not be used for ‘regular work’ that should be completed during the rostered hours

2. RESPONSIBILITIES

2.1 Executive Director Clinical Governance and Medical Services, Executive Director NorthWestern Mental Health, Executive Director People and Culture, Divisional Directors, Heads of Units, Directors of Clinical Services, Consultants and Medical Workforce Unit have accountability and responsibility for ensuring compliance with this procedure.

2.2 Authoriser

- a. Is a Head of Unit or Director of Clinical Services (NWMH) in the Department/Service in which the unrostered overtime was worked. The authoriser must:
 - i. Ensure that unrostered overtime is closely monitored and that each occasion is necessary to ensure staff safety, cost effectiveness, legitimacy and equity, balanced with awareness of the Australian Medical Association (AMA) ‘Safe Hours’ guidelines.
 - ii. Enable the DiT to submit a claim where work cannot be handed over to the cover team. This will ensure the DiT is paid for work done as well as providing data that may identify workload pressures that need to be understood and managed.
 - iii. Advise the DiT if any overtime is not authorised.
- b. Where overtime is performed for a Nightlife HMO/BPT shift, the Director of General Medicine is the authorised signatory.
- c. Where overtime is performed for evening/afterhours/weekend shifts covering multiple units at Royal Melbourne Hospital, claims should be submitted to Director of Medical Services via Medical Workforce for signature.

2.3 DiT should

- a. Inform their manager (Head of Unit/Director of Clinical Services) if they believe they are working unsafe hours due to rostered or unrostered work.
- b. Inform Medical Workforce Unit or the Director of Medical Services where unrostered overtime is worked consistently in an area.
- c. Submit an Out of Hours Claim form for all reasonable unrostered overtime worked.

- d. Record the patient UR number/identifier for all claims involving direct patient care, patient administration and discharge summaries as the Out of Hours Claim Form may be subject to audit and be cross checked against patient records.
- e. Complete a separate form for each pay period

2.4 Payroll Services: are responsible for processing authorised Out of Hours Claim Forms based on the information provided.

3. PROCEDURE

3.1. Unrostered Overtime Authorisation and Documentation

- a. Unrostered overtime must be
 - i. Authorised and verified by appropriate senior medical staff within two weeks after the end of the pay-run in which the overtime falls;
 - ii. Where Head of Unit/Director of Clinical Services is not present at the time unrostered overtime is being worked, the NUM, Registrar or consultant can verify the time worked. The Head of Unit/Director of Clinical Services must still authorise the unrostered overtime within two weeks after the end of the pay-run in which the overtime falls.
- b. The authorising manager is responsible for ensuring that staff members have appropriate breaks as per their award conditions before commencing their shift.
- c. Where the form is not complete, overtime will not be paid. It is the employee’s responsibility to ensure all documentation is completed and accurate.
- d. High duties can only be claimed where the hours worked are an extension of an allocated shift which attracts higher duties.

3.2. Submission Process and Deadlines:

- a. This Out of Hours Claim Form must be authorised and submitted to payroll via emailing mhpaydata@mh.org.au by 10am on the Monday following the last day of the pay period in order to be processed for that fortnight.
- b. Out of Hours Claim Forms submitted after 10am on the Monday following the last day of the pay period will be processed and paid in the following fortnight.

Owner	Medical Workforce Unit
Executive Sponsor	Dr Cate Kelly, Director Medical Services & Clinical Governance
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