

Public Hospital (Medical Officers) Award - Hours of Work and Tenure

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Functional Sub group Personnel/Workforce - Conditions of employment

Summary Specifies the requirements re hours of work and tenure periods for resident medical officers.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Dept of Health, Public Health Units, Public Hospitals

Distributed to Public Health System, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Department of Health, Public Health Units, Public Hospitals

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Director-General

Compliance with this policy directive is mandatory.

CIRCULAR

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**PUBLIC HOSPITAL (MEDICAL OFFICERS) AWARD
HOURS OF WORK AND TENURE**

As a result of negotiations and agreement with the Public Service Association of NSW, the Corporation has determined that the following provisions shall apply to Resident Medical Officers covered by the abovementioned Award;

Hours of Work

Resident Medical Officers cannot be rostered to work for more than 34 hours continuously; or 16 hours continuously in high work load areas e.g., intensive care and accident and emergency, such hours being a combination of ordinary and/or overtime hours. On Call duties are to be excluded from this provision.

A minimum break of eight consecutive hours is to be given between shifts and/or after continuous, periods of work of up to 16 hours and a minimum break of 12 consecutive hours is to be given between shifts and/or continuous periods of work exceeding 1.6 hours. This provision relates to recall duty also.

For example if an officer is rostered to work 15½ hours continuously, and does so, a minimum break of 8 consecutive hours is to be given. If that officer is subsequently recalled to work and has not had a minimum break of 8 consecutive hours then such break is to be given before that officer can take up normal rostered duty hours.

In instances where the minimum break, because of necessity, includes normal rostered hours as a result of recall duties the officer is to be paid for those normal hours which are included in the minimum break as if they had been worked.

Distributed in accordance with circular list(s):

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

The abovementioned maximum hours outlined at Point 1 are not to be exceeded except where there is agreement between the Corporation and the Association. Such waiving of the maximum hours should only occur if the RMO's employed in the affected Section/Department/Hospital/Area Health Service so request.

In the event of agreement between the Corporation and the Association in allowing the above, the provisions relating to minimum breaks will not apply.

On receipt of this Circular public hospitals/area health services are to review the rosters currently applicable, to Resident Medical Officers and ensure where necessary, the above provisions are implemented by no later than 30 April 1988 or when the current medical term rosters expire whichever is the sooner.

Tenure

The 1 year tenure period for Resident Medical Officer's has been varied. Tenure is now to be given on the following principles.

- (a) Intern)
Resident Medical Officer 1st Year) 3 Year Tenure
Resident Medical Officer 2nd Year)

Resident Medical Officer 3rd Year) 2 Year Tenure
Resident Medical Officer 4th Year)

Registrar 1st Year) 2 Year Tenure
Registrar 2nd Year)

Registrar 3rd Year) 2 Year Tenure
Registrar 4th Year)

Senior Registrar) 1 Year Tenure
- (b) Tenure is to be within the New South Wales public hospital system not necessarily at a, particular hospital. This would mean medical officers could be appointed at a nominated hospital and have tenure at that hospital (in conjunction with normal secondment principles) but if the person during that period of tenure obtained a, similar position at another hospital then the remaining period of tenure would be continued.
- (c) Tenure is guaranteed in relation to employment not necessarily the position appointed to e.g., if an individual is appointed as a Registrar but not fulfilling the expected requirements of the position and it is considered the individual should be transferred to a different position such as an RMO or another Registrar position then this could happen.

The individual would continue to receive the rate of pay applicable at the date of transfer. Such transfer would only happen after suitable counselling has taken place at which an explanation must be provided as to why this action is necessary. Any dispute arising from the transfer of a medical

officer under these provisions shall be referred to a Committee set up under the provisions of Clause 19 'Settlement of Disputes' of the Public Hospital (Medical Officers) Award.

- (d) After the Registrar 4th Year tenure period has expired and if a further period of employment is required to obtain specialty qualifications tenure shall only be offered for the period sufficient to obtain such qualifications.
- (e) Exceptions to the granting of tenure will apply to any Diploma Course Positions, Family Medicine Programme Positions and positions in hospitals which provide experience for general practitioners for further training **(Hospitals will need to identify these positions).**
- (f) Tenure is based on competitive selection for the positions available and on satisfactory work performance.

The above principles are to apply from the beginning of the 1988 medical year. Tenure is to be measured from the beginning of each medical year. For example if a medical officer is employed as an RMO 3rd Year in June 1988 tenure is to be measured from January 1988, i.e., the beginning of the medical year, not June 1988.

Tenure principles as outlined above apply to each group as indicated e.g., if a medical officer is re-employed, after leaving the New South Wales public hospital system, as an RMO 4th Year at the beginning of the medical year the remaining 1 year of the 2nd Year tenure period for the grouping of RMO 3rd and 4th Year only applies. Likewise if the medical officer was re-employed as an RMO 3rd Year at the beginning of the medical year then 2 years tenure is to be given.

Michael Rosser
Secretary