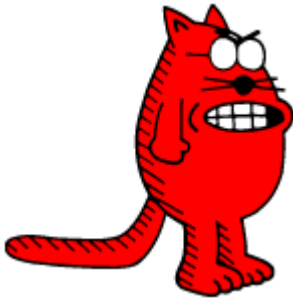


# Don't let administration steal your unrostered overtime and ADOs

Original article by: [Michael Tam](#)



*"Catbert" the evil  
Human Resources  
Director*

Administrators are not working for you. They are working for themselves primarily and secondarily for the "system". From an administrator's point of view, the "system" is working if they meet budgetary constraints, meet performance indicators like "length of stay", and there are minimal complaints from members of the public. If medical administration can get this done by bullying the junior medical staff to work harder, longer, with less supervision and less pay, then they will, and they do.

Basically, administration will verbally claim many apparent "policies", but unless they are willing to commit it into a formal memorandum, it is more often than not utter nonsense. The following is a list of things that administration will say but is either false or unacceptable:

## "We aren't going to pay you unrostered overtime because"

1. As an intern/RMO, you're not as efficient;
2. we've never paid it before and it's our policy
3. it's expected that you'll just "help the hospital"
4. some days you are not as busy and;
5. you should just leave on time.

Firstly, if you are **obligated** to work unrostered overtime (i.e., there is too much work to be completed in an 8 hour day, an unwell patient is under your care, a late operative case or one of your consultants performs a late ward round), then the hospital is obligated to pay you. If you do work that you are expected to do then it is completely reasonable that you should expect to be paid for it.

As for the commonly stated points:

**"As an intern/RMO, you're not as efficient"**

You are an intern/RMO working in an intern/RMO position. You are not expected to be as efficient as someone of higher level of experience. If they wanted someone with more experience, they should have hired that person (at additional cost).

**"We've never paid it before and it's our policy"**

If they have never paid unrostered overtime before (almost certainly untrue), then it should be something that should be addressed immediately. If it is a "policy" then administration should be able to show you the policy document. If they cannot, then it isn't a policy (and they will not be able to since a blanket "no paid unrostered overtime policy" would be illegal).

**"It's expected that you'll just**

This statement is bogus. Charity is when you donate working hours to the hospital when you don't have to (e.g.,

**"help the hospital"**

staying behind to ensure treatment or management of a patient is expedited). Work that is expected or mandatory beyond your rostered working hours should be paid and is protected part of your award. That's right, the hospital has a contractual obligation to pay you your unrostered overtime.

**"Some days you are not as busy"**

When you are "not busy", can you just decide to go home? No. During working hours, you are always doing something. At the very minimum, you are on duty as you never know what might happen in the next minute. You are expected to be paid exactly as per your contract rate while you are on duty during working hours. The "in lieu of not busy hours" argument is nothing short of medical administration trying to get away with labour theft for those days.

**"You should just leave on time"**

This argument too is patently ridiculous. Nobody hangs around just for the sake of it. The vast majority of people want to go home on time and it should be taken as immensely offensive to suggest or imply otherwise.

**"Since we don't pay unrostered overtime, you shouldn't put it on your timesheet."**

You should always put all your unrostered overtime on your timesheet. If it is unpaid, it may be considered labour theft and you may be able to claim it all back at a later stage. In any case, your timesheet is a legal record of actual time worked and the degree of unrostered overtime is commonly used as a surrogate measure for those terms and hospitals that are chronically understaffed.

**"We've rostered you to take your annual leave on these dates."**

Although medical administration may not grant you your leave when you want it, they cannot arbitrarily allocate when you are taking leave without your consent. Ask them to show you the "policy" if they try the "it's the policy" argument.

**"If you don't take your ADOs (accrued days off), you'll lose them at the end of the year."**

In NSW, you sacrifice two paid hours per week (i.e., you are not paid for two hours of work every week) that instead go towards paid leave. The idea behind this is that you end up taking more paid leave per year and the hospital saves money (because on the days you are on leave, you are not accruing more leave, you cannot be working overtime, and you are generally not covered by additional staff). Thus, your ADOs (in terms of paid leave hours) are your entitlement. **They are hours you have already worked and have not been paid.** ADOs do not expire at the end of the year like sick leave or study leave. They go into a leave hours pool (just like annual leave).

**“We don’t pay out annual leave or ADOs when you resign.”**

Yes they do, and they have to by law. You can elect to have your leave transferred to your new place of work (e.g., if you are going to another public hospital) but it is voluntary. After all, you could always just not resign for exactly the number of hours equivalent to your hours of leave and then, take it as leave. Either way, they have to pay you. By the way, the hospitals will be quite happy for you have a substantial unclaimed leave hours balance with them when you resign and not tell you about it, so make sure that you claim it!