

SNAPSHOTS

DOCTORS IN TRAINING (DiT) – KEY EMPLOYMENT REMINDERS

Rosters

There are numerous requirements and rules that apply to rosters (see our Roster Checklist for a handy guide) – here are some of the most important:

- Rosters must be provided at least 14 days prior to commencement, and be for a minimum 28-day (four-week) period, and include start and finish times for every shift.
- Rosters must account for all clinical and non-clinical duties including relevant mandatory training.
- Minimum shift is three hours, and maximum shift is 14 hours (including breaks).
- If a shift commences after 12:00 (midday) it cannot be longer than 12 hours (including breaks) unless there is formal agreement with the AMA (WA) otherwise (allowing up to 13 hours).
- There must be a minimum 10-hour break between all rostered shifts.
- A maximum of four nightshifts in a row (or five if total rostered hours do not exceed 50) AND you must have a 24-hour break (including on-call) following working either a single, two or three consecutive nightshifts, and a 48-hour break (including on-call) following four or five consecutive nightshifts.
- In a 28-day cycle (weeks 1-4, 5-8, etc) you must have:
 - at least eight days rostered off shifts;
 - at least four days rostered off all duty (including on-call);
 - at least 12 weekday evenings (between 18:00-08:00) rostered off shifts (doesn't include on-call).
- Rosters cannot be amended during their currency, except in an emergency or if a practitioner genuinely agrees to a change. Staff shortages and colleagues accessing leave generally would not be considered an emergency.

Payment for work & overtime

Given that within WA Health rosters are used as timesheets, **your roster should reflect your actual known and expected working hours including:**

- any required attendance at ward rounds;
- any required pre-ward round preparation work;

- required shift handover;
- required attendance at scheduled training;
- required attendance at any internal hospital and/or department meetings and/or orientation.

Some work requirements may not necessarily be known and/or scheduled in advance and/or be for a predetermined duration to be accounted for in the initial rostering. However, you also must be paid (and may need to claim overtime) for any of the above, as well as:

- any mandatory training (including online modules) required by your employer, including for initial on-boarding;
- any training (not rostered in advance) that is required either as part of your specific training requirements and/or required as part of the specific job you are undertaking;
- any unrostered overtime for any work tasks including completion of clinical notes, patient care, etc – **there is no minimum threshold to claim overtime**. However, **15 minutes or more** is generally considered a widely accepted and reasonable approach (and supported by HSP executive).

It's important to note there is also no Industrial Agreement restriction on what overtime can be paid for either – occasionally there have been issues with this, including departments trying to limit overtime claims to claiming for certain work tasks (e.g. discharge summaries) but not others – **anything that is 'required work' needs to be paid!**

You should ensure you claim your genuine overtime worked so that this continues to be the 'norm'. It is also important to note that you should not have to take any of your professional development leave (PDL), or have it applied for you, for any employer-required internal training organised.

You should also be mindful that just like your employer has legislative obligations to keep accurate time and wage records, and pay its employees for hours worked, as an employee you also have similar obligations to ensure you are completing timesheets accurately and/or claiming for hours genuinely worked.



What tasks are acceptable to be 'unpaid'?

- Undertaking unpaid work experience (including within hospitals) as part of a formal structured university placement (whilst studying – this should be facilitated by the university and be counting towards studies);
- Completion of initial recruitment/onboarding documentation, including signing employment contracts, completing tax and superannuation paperwork, etc. Please note you must be paid for any mandatory training (including online modules) and/or physical attendance required on site for induction and orientation activities;
- Attendance at 'genuinely optional' teaching or training offered that is additional to any college and/or work-related training requirements – on occasion certain specialists may offer optional voluntary teaching opportunities for those who are interested in attending – provided it is genuinely optional, meaning it isn't a required component of either your college and/or job training/education requirements, and there are no negative repercussions for not attending – this is acceptable to be unpaid, however you may be able to take paid PDL.

Leave applications

While many sites or departments encourage leave applications to be submitted within certain timeframes to assist with forward planning and rostering (which is not unreasonable), **you may apply for leave at any time throughout the year**, noting that:

- your employer is required to **respond within two weeks** of receiving a written **annual leave application**, and confirm in writing when that leave can be taken; and
- applications for **PDL** should be submitted at least **two months in advance** (unless otherwise agreed), and your employer must **respond within four weeks** to confirm whether the application has been approved.

ON CALL, RECALL ROSTERING AND TELEHEALTH REVIEW (SENIOR DOCTORS & DiTS)

Telehealth review

The independent Telehealth review, agreed as part of negotiations for the current 2024 WA Health Industrial Agreement, is well underway, with a steering committee assembled comprised of employer representatives (including Industrial Relations, Director of Clinical Services and HSP telehealth representatives) and AMA (WA) representatives (including senior and junior practitioner members and Industrial Relations representatives), with two independent consultants appointed to oversee the review.

The Steering Committee has formally met twice thus far to provide input and approval of scope of the review, including agreed definitions, and the review project plan.

Stakeholder consultation, including with medical practitioners, is planned for April-May, with the final report of recommendations expected to be finalised by December 2026.

On-call rostering for 24-hour departments/specialties

Some issues have recently been brought to our attention where there is a one-hour (or more) gap in rostering of after-hours on-call coverage and on-site shifts, e.g. on-call cover finishing at 08:00 but the dayshift commencing at 09:00, despite there being necessary and clear intentions for 24-hour coverage within the department/specialty.

Whilst there are some restrictions within the Industrial Agreement on rostering of ordinary shifts, as well as potential application of overtime and/or extending beyond a senior practitioner's 'professional commitment' to consider, there is no restriction on maximum length of an 'on-call shift' nor logical reason why there should be a gap in coverage such as this, when the on-call shift could be extended to ensure continuous coverage.

The AMA (WA) Industrial Relations team is assisting members with resolving these matters, and we encourage you to get in touch if you are similarly affected. ■

ANY WORKPLACE QUERIES?

The AMA (WA) Industrial Relations team is here to help all members.

Contact us by calling **08 9273 3000**.

To submit an IR query, scan the QR code or go to

amawa.com.au/industrial-relations-query.

