DIT – Hours of Work, Rostering, Rotations and On-call

Memorandum of Understanding

Doctors in Training (Victorian Public Health Sector) (AMA Victoria/ASMOF) (Single Interest Employers) Enterprise Agreement 2022-2026

This Implementation Guide has been jointly developed between the Victorian Hospitals' Industrial Association, AMA Victoria and ASMOF to support the implementation of changes to overtime arising from the Memorandum of Understanding signed by the parties on 21 October 2026.

Purpose: The purpose of this Implementation Guide is to support the implementation of matters in the Memorandum of Understanding signed on 21 October by AMA/ASMOF, VHIA and representatives of the Victorian Government.

Background:

In the course of bargaining, AMA/ASMOF made claims with respect to hours of work, rostering, rotations and on-call in the context of Doctors in Training.

The parties drafted amendments and additions to the existing Doctors in Training terms to address agreed claims.

Overview: In the course of negotiations, the parties made agreed amendments covering the following:

- maximum daily rostered hours of work provisions
- 'Days off per Fortnight' provisions
- arrangements as to the rostering of Annual Leave after night shift
- arrangements associated with communication at the end of rotation to mitigate the risk of extended periods of night shifts across two rotations; and,
- arrangements associated with 'day off' and 'half day off' and the rostering of on-call.

The relevant provisions are set out below, including the numbering to support cross-referencing.

Progress Members will be asked to report on their progress implementing the reduced maximum shift length in clause 33.3. Progress reports are due in **February 2027**, **April 2027** and **June 2027**.

It may be that some changes can be implemented more quickly than others. In the event that members experience difficulties in implementing any of the terms in this paper, these issues should be submitted at any time to the Central Implementation Committee members – VHIA (at doctorseba@vhia.com.au) and AMA/ASMOF (at eba@amavic.com.au).

Subclause 33.3 – Hours per day

Term –

(a) *Subject to clause 33.3(b), Doctors must not be rostered for duty for more than 13 consecutive hours on any given shift.*

(i) ***Provisions specific to Registrars***

(A) *A Registrar may be rostered for duty for more than 13 consecutive hours on any given shift where exceptional circumstances exist that require a greater shift length.*

(B) *Where a Health Service intends to, or does, roster a Registrar to work more than 13 hours on any day pursuant to subclause 33.3(a)(i)(A), then the Health Service must advise the Registrars affected in writing of the exceptional circumstances.*

(C) *A copy of the advice in subclause 33.3(a)(i)(B) will be provided to affected Registrars, including providing a copy to those Registrars commencing in the Unit or Department where the exceptional circumstances are expected to continue.*

(b) *Subject to clause 33.3(c) Doctors must not be rostered for duty on more than two consecutive days where the rostered shift exceeds 12.5 consecutive hours.*

(c) *Where a Department or Unit has, as of the commencement of this Agreement, existing roster arrangements that conform with subclause 33.3(a) but exceed the limits at subclause 33.3(b), these:*

(i) *will be notified to the Association and to the Doctors affected and;*

(ii) *may remain in place and will be subject to monitoring for fatigue risk in accordance with subclause 76.10 (Agreement Implementation Committee).*

(d) *Nothing in clause 33.3(e) lessens or removes the obligations on the Health Service to provide safe hours of work for Doctors.*

Actions

Who	What
Health Service	**13 hour cap on rostered shift (see 33.3(a))** Identify existing roster arrangements that exceed the 13-hour limit at subclause 33.3(a) and: - determine from which roster date the roster can be amended to align with the 13 consecutive rostered hours cap; - Ensure managers with rostering responsibilities are advised of the changes to ensure compliance.
Health Service	**Exception – Registrar and exceptional circumstances (see 33.3(a)(i))** - Identify instances where Registrar rostering arrangements exceed 13 hours and, if so, whether exceptional circumstances exist and the arrangements are to be preserved. - If to be preserved, notifying Registrars of exceptional circumstances (33.3(a)(i)(B), including new Registrars coming into Unit / Department.
Health Service	**Limit on consecutive long shifts (see 33.3(b))** Amend rostering rules to ensure that a Doctor is not rostered to perform shifts exceeding 12.5 hours for more than two (2) consecutive days.
Health Service	**Identifying the number of long shifts (see 33.3(c))** Identify existing roster arrangements that exceed the 12.5-hour limit at subclause 33.3(b) and: - notify both the Association (eba@amavic.com.au) and the Doctors affected; - establish monitoring for fatigue risk via the Agreement Implementation Committee

Subclause 33.7 – Days off per Fortnight

Term –

(a) A Doctor must receive 3.5 days off work in each two-week period (for a Doctor on night shift the word 'days' is replaced by the word 'nights') as follows:

(i) two full days off must be consecutive;
(ii) one additional full day off
(iii) one half-day off

(b) A 'half day off' for the purpose of this clause is where a Doctor is rostered to a shift not exceeding 6 hours.

(c) A Doctor will not be deemed on a 'day off' or 'half-day off' where the Doctor is on-call for the same period

Actions

Who	What
Health Service	- Review rosters to identify instances where these requirements will not be met. - Determine from which roster date the roster can be amended to align with the revised terms; and, - Ensure managers with rostering responsibilities are advised of the changes to ensure compliance.

For noting – the change at (c) is also relevant to Examination Leave.

Subclause 33.8 (New) – Rostering and Annual Leave

Term –

33.8 Rostering and Annual Leave

(a) A Doctor will not have Annual Leave deducted for any full calendar day they are required to be free from duty following a period of night shift pursuant to subclause 24.4.

(b) A Doctor will not be rostered for duty or on-call commencing or ending on the calendar day they have approved Annual Leave.

Actions

Who	What
Health Service	- Review existing roster to identify any instances that would not comply and

	determine whether this can be remedied. - Determine from which roster date the roster can be amended to align with the revised terms; and, - Ensure managers with rostering responsibilities are advised of the changes to ensure compliance.

Subclause 24.4(c) – Rotations between Hospitals (amended)

Term –

To jointly plan the transition of a Doctor between Hospital 1 and Hospital 2 to achieve the obligations prescribed above, engagement and cooperation must occur between the two hospitals prior to the final roster being issued and contemplate…

(vi) periods of night shift performed by the Doctor, to make reasonable attempts to mitigate the risk of the Doctor performing extended periods of night shifts across two rotations.

Actions

Who	What
Health Service	- Incorporate into existing mechanism of communication required by subclause 24.4(c) the requirement to record and report periods of night shift leading into or commencing from rotation between Hospitals

Subclause 24A (New) – Non Rotation Transitions

Term –

24A Non-Rotation Transitions

24A.1 Where a Doctor is transitioning:

a) within the same Employer or

b) between two separate Employers in a manner that does not reflect the arrangements considered in Clause 24 – Rotations between Hospitals

the parties involved will engage and cooperate with each other and the Doctor pursuant to this

clause to reduce fatigue risks associated with the transition.

24A.2 Where a Doctor is transitioning pursuant to subclause 24A.1(b), the Doctor will advise their current Employer of the details of their new Employer as soon as reasonably practicable after being notified.

24A.3 To jointly plan the transition of a Doctor to achieve the obligations prescribed above, engagement and cooperation must occur prior to the roster immediately prior and following the transition being issued and contemplate:

a) where the Doctor was performing night shift immediately prior to the transition, the obligation to provide the Doctor a period free from duty following a period of night shift pursuant to subclause 24.4;

b) where the Doctor is required to relocate, time to rest following their final shift, vacate their accommodation and travel to their next Hospital and appropriate time to settle in and orientate to their new location;

24A.4 The outcome of the above engagement and cooperation must be shared with the Doctor in writing by their next Employer or Department/Unit no less than four weeks prior to the transition

Actions

Who	What
Health Service	- Determine from which roster date the roster can be amended to align with the revised terms; and, - notify the Association (eba@amavic.com.au) of the date reached (note that the date may be different across departments);
Health Service	Develop a reporting mechanism (similar to that required currently by subclause 24.4(c)) to report and record requisite information required by subclause 24.4A.3.