



Policy on Commuted Overtime for Medical and Dental Personnel

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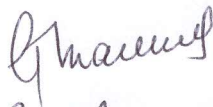
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Vision, Mission & Values

Vision

Health service Excellence for all

Mission

- Working together, we are committed to provide quality health care services.
- We will promote a healthy society in which we care for one another and take responsibility for our health.
- Our caring, multi-skilled professionals will integrate comprehensive services using evidence-based care-strategies and partnerships to maximize efficiencies for the benefit of all.

Values

- **Respect** (towards colleagues and clients, rule of law and cultural diversity)
- **Integrity** (Honesty, Discipline, and Ethics)
- **Excellence** through effectiveness, efficiency, innovation and quality health care.
- **Humanity** (Caring Institution, Facility and Community)
- **Empower** our people (Employees and Community)

Policy Aim

1. This Policy aims to regulate the management and guide the dispensation of the commuted overtime system¹ for medical and dental personnel. This policy must be read in conjunction with the procedure on commuted overtime.

Policy Scope

2. This Policy applies to all full-time medical and dental personnel employed in a permanent or temporary capacity who are rendering actual clinical, patient related services on an organized basis within a health facility.
3. This Policy does not apply to part-time medical and dental personnel who are employed for less than 40 hours per week as well as sessional medical and dental practitioners.

Policy Statement

4. It is the Policy of the Northern Cape Department of Health that:
 - 4.1. Commuted overtime is only payable to the following categories of staff:
 - 4.1.1. Medical Officers
 - 4.1.2. Registrars
 - 4.1.3. Specialists
 - 4.1.4. Medical Superintendents who are responsible for the management and control of clinical medical services.
 - 4.1.5. Clinical Operational officers who are the supervisors of clinical services
 - 4.1.6. Dentists at District Hospitals and those on call for both dental and maxillofacial services in tertiary hospitals.
 - 4.2. The commuted overtime system makes provision for four categories of overtime remuneration. The purpose being to make provision for a flexible

¹ The hours of work additional to the total number of normal hours of work required by the employer to render a health service within a health facility in terms of operational needs. It should be only duty in excess of the prescribed hours of attendance, authorised by the relevant delegated authority.

system in order to accommodate medical and dental practitioners who do not perform overtime on a regular basis, as well as those employees who regularly perform overtime duties.

Group 1	0-4 Hours per week	May claim for actual hours overtime worked where such duties are needed, as applicable to other categories of staff in terms of PSCBC Resolution 3 of 1999
Group 2	5-12 Hours per week (average of overtime worked may not be less than 8 hours per week)	Overtime remuneration is payable at a fixed tariff equal to 8 hours per week at 1.3 of the applicable hourly tariff
Group 3	13-20 Hours per week (average of overtime may not be less than 16 hours per week)	Overtime remuneration is payable at a fixed tariff equal to 16 hours per week at 1.3 of the applicable hourly tariff
Group 4	> 20 Hours per week	Overtime remuneration is payable at a fixed tariff equal to 16 hours per week at 1.3 of the hourly tariff plus actual hours worked in excess of the limit of 20 hours at the applicable overtime tariff as per PSCBC Resolution 3 of 1999

- 4.3. Commuted overtime is payable over a period of a year together with basic salary and where a reduced / increased basic salary is payable on a pro rata basis the commuted overtime tariff shall be reduced / increased by the same ratio.
- 4.4. Commuted overtime will not be paid during special, sabbatical, shop steward, family responsibility and maternity leave. In this instance commuted overtime payable during the course of a month is decreased on a pro-rata basis.
- 4.5. There will be no reduction in commuted overtime where a medical or dental practitioner is rostered to perform after hour's duty, yet falls sick and is able to interchange his / her after hours duties with other doctors in a specific month. This however must be arranged with the supervisor who must certify on a leave form that the commuted overtime commitment for the sick leave period was worked in.
- 4.6. Personnel who act as examiners or attend local or international congresses, conferences or seminars up to a maximum of 10 days, are regarded as being on special leave and thus commuted overtime is not payable.
- 4.7. No commuted overtime will be carried over to the next month. Monthly pre-emptive permission must be sought from the Head of Clinical Services and Head of the Facility or Head of the Institution if deviation is expected from the prescribed commuted overtime hours due to staff shortages.
- 4.8. Commuted overtime is not payable in cases where employees have been suspended from duty with full remuneration.
- 4.9. First on Call hours are classified as actual commuted overtime in the following instance:
 - 4.9.1. The medical or dental practitioner is on-site at the health facility for the full duration of the on call hours.
- 4.10. Second on Call refers only to medical officers and dental practitioners that are off-site and are rostered to be available for on-site patient care. The following applies:
 - 4.10.1. If only telephonic advice is rendered then 30% of the time spent off-site will be classified as commuted overtime.

- 4.10.2. If the medical practitioner has to come into the medical facility to attend to clinical duties, all hours spent on-site during the second call will be classified as actual commuted overtime.
- 4.10.3. A Rostered Consultant / Specialist could render advice telephonically in which case 60% of the time spent at home (off-site) will be classified as actual commuted overtime hours.
- 4.10.4. On-site assistance or off-site interpretation of clinical problems via PACS, tele-medicine or other electronic or other technological modalities will be regarded as actual commuted overtime hours.
- 4.11. If a Consultant or specialist is on-call for the full period of a specific month he/she may claim extra overtime if:
- 4.11.1. Proof is provided that he/she worked on-site or performed off-site interpretation of clinical problems via PACS, telemedicine or other electronic and technological modalities, for at least 13 hours per week continuously for 4 weeks.
- 4.11.2. Claims for every hour in excess of 13 hours must be accompanied by the prescribed application forms and time sheets, and must be duly confirmed by the relevant supervisor to be submitted to the delegated authority on a monthly basis for evaluation and approval.
- 4.12. If a clinical department has more than one consultant the normal Group 4 type as stated in Paragraph 4.2 supra applies.
- 4.13. Medical and dental practitioners (excluding Interns and Community Service Doctors), who change from one work sphere to another or from one rank to another will have to complete a new contract. Such changes may also result in a reduction in the commuted overtime rate.
- 4.14. Medical and dental practitioners participating in the commuted overtime system must sign an undertaking to accept that commuted overtime rates can be terminated on the following conditions:
- 4.14.1. On transfer or promotion to a post not identified in the commuted overtime dispensation.
- 4.14.2. The need for additional overtime hours expires.

- 4.15. The commuted overtime system as part of the remuneration system is subject to periodic review in order to reduce the risk of irregular expenditure and financial misconduct.
- 4.16. The following mechanisms are implemented to manage, monitor and control the payment of overtime:
 - 4.16.1. Normal working hour duty roster and register of the component.
 - 4.16.2. On call duty roster and register of the component.
 - 4.16.3. The duty rosters and registers must be made available to the Heads of Institutions in advance.
 - 4.16.4. Verification of commuted overtime worked during the month.
 - 4.16.5. Time sheets to be submitted to claim Group 4 overtime.
- 4.17. Should time off be granted to an individual during the normal work week (i.e. a day off following a night on duty), such hours must be made up in addition to the commuted overtime hours.

Roles and Responsibilities

5. It is the responsibility of the Chief Director accountable for Human Resource Management to:
 - 5.1. Audit the commuted overtime system so as to monitor compliance to the commuted overtime policy.
 - 5.2. Assess the need for additional overtime hours in excess of 20 hours when vacant posts are filled.
6. Chief Directors, in collaboration with the Heads of Clinical Departments must review commuted overtime contracts on an annual basis in January after consideration of the operational needs for such overtime work.
7. Medical and dental practitioners as participants in the commuted overtime system must take responsibility for the renewal and completion of the overtime contracts.
8. Heads of Units must ensure that persons who make themselves part of fraudulent practices with regard to overtime, are dealt with in terms of the relevant disciplinary measures

Review and Distribution

9. The Director for Human Resource Management is the responsible Manager for this policy and for ensuring it is reviewed and updated.
10. This Policy will be reviewed no sooner than 12 months and no later than 18 months after the publishing date. If necessary an updated version will be issued, if not a formal cover letter will be issued (providing a date indicating that the policy was reviewed).
11. The Director for Policy & Planning will distribute updated versions to:
 - Member of the Executive Council for Health
 - Head of Department of Health
 - All Executive, Senior, Programme and District Managers

Acknowledgements & Sources

12. Public Service Act 103 of 1994 (as amended)