Northern Health

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	**Term duration:**	Maximum: 13 weeks
Location/Site:	Hume Community team, Broadmeadows	**Clinical experience - Primary**:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	**Clinical experience - Secondary**:	B: Chronic illness patient care
Speciality/Dept.:	Adult Psychiatry	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)Psychiatry IPU*
Term Descriptor:	*Psychiatry community term*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of holistic social and emotional wellbeing models for patient care.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	Demonstrates ability to take mental health history, mental status examination and risk assessment.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Identifies deteriorating or acutely unwell patients
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
EPA4: Team communication – documentation,	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Appropriately prioritises the creation of medical record entries.

handover and referrals	Domain 3	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: *The prevocational doctor as practitioner*	**Domain 2:** *The prevocational doctor as professional and leader*	**Domain 3:** *The prevocational doctor as a health advocate*	**Domain 4:** *The prevocational doctor as a scientist and scholar*
☒ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting. *☒ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.* *☐ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care* *☐ 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues* *☐ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness* *☐ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.* *☐ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team* *☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically* *☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.* *☐ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making*	*☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.* *☐ 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.* *☐ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.* *☒ 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.* *☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.* *☐ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.* *☐ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.* *☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.*	*☐ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients* *☒ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.* *☐ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.* *☐ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.* *☐ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.* *☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals*	*☐ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.* *☒ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.* *☐ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.* *☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.*

		(including Aboriginal Health Workers, practitioners and Liaison Officers).	

4. Supervision details:			
Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Dr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Yang Yun***	Deputy Director of Education and Training	Yang.yun@nh.org.au
Clinical Supervisor (primary)	***Team registrar***	Registrar	Details will be provided on orientation
Cinical Supervisor (day to day)	***Team consultant or registrar***	Registrar or consultant	Details will be provided on orientation
EPA Assessors *Health Professional that may assess EPAs*	• Team consultant and registrar • All other consultants and all registrars in the unit • Click or tap here to enter name and role		

Team Structure **- Key Staff**		
Name	**Role**	**Contact**
Dr Yang Yun	Overseeing the supervision	Yang.yun@nh.org.au
Consultant	Daily supervision	Click or tap here to enter text
Manager or team leader	Clinic manager	Click or tap here to enter text
Lead consultant	Clinic clinical governance	
Case managers	Daily clinic worker	Click or tap here to enter text

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details *(PMCV use only)*	
Accreditation body:	Click or tap here to enter text.
Accreditation status:	Click or tap here to enter text.
Accreditation ID:	Click or tap here to enter text.

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Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval		
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.

Appendix

Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	09:00 – 10:00 Team handover 10:00-12:00 Clinical work	09:00 – 10:00 Team handover 10:00-12:00 Clinical work	08:00-09:00 Journal club 09:00 – 10:00 Team handover 10:00-12:00 Clinical work	09:00 – 10:00 Team handover 10:00-12:00 Clinical work	09:00 – 10:00 Team handover 10:00-12:00 Clinical work	Click or tap here to enter text.	Click or tap here to enter text.
Afternoon	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	12:00-17:00 Clinical work	12:00-13:00 NAMHS Education Forum 13:30-17:00 Clinical work	12:00-17:00 Clinical work 1400-1500 Team clinical review meeting	12:00-13:00 Junior doctor tutorial 12:30 – 13:30 HMO Education 13:00-17:00 Clinical work	12:00-17:00 Clinical work	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

BHS PSYCH - HUME COMMUNITY	**Mon**	**Tues**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**	**Mon**	**Tues**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**
HMO	**0830-1700**	**0830-1700**	**0830-1700**	**0830-1700**	**0830-1230**			**0830-1700**	**0830-1700**	**0830-1700**	**0830-1700**	**0830-1230**		

9. Hospital Orientation		
Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors		
Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation	
Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal	
Location	Broadmeadows Health Services, 35 Johnstone Street, Broadmeadows VIC 3047
Facilitator	Consultant/registrar/ Team Leader
Date	First week of rotation
Start	Returning resident 08:00, New to Northern - After hospital orientation session

11. Unit Overview	
Department	NWAMHS Community team-Hume
Location	Broadmeadows Health Services, 35 Johnstone Street, Broadmeadows VIC 3047
Inpatient Beds	N/A
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Unit Specific Safety & Risks
There are 7 interview rooms in the clinic. All of them have ASCOM device.
Activating a code grey lets the clinic and office know and at least 4 clinicians attend the room. Hospital security are also paged.
Most rooms have 2 exits.
Patients with risk of aggression are seen under planned Code Grey with security present
There is a duty clinician in the clinic during working hours. This is usually a senior clinician and can be approached if there are risk concerns.
While reviewing patients in the clinic, risk assessment is an important aspect.
Patients can pose:
-risk to themselves- self harm/suicide. Neglecting physical health conditions, poor oral intake. Financial or reputational
-Risk to others- aggression- physical, verbal, sexual. Driving risks.
-There is mandatory notification requirements. Eg if child is at risk but will be supported by registrar, consultant, team leaders
-Some clinical encounter may be challenging. Supported by consultant/ teal leader/ key clinician

13. Communication	
Medtasker	Not commonly used in Hume. But available to be used.
WhatsApp	N/A
Pager	N/A
MS Teams	N/A

14. Handover Process	
Morning	0900 in the offices with Team leaders, key clinicians, consultants and registrars in attending.
Afternoon	N/A
Night	N/A

15. Shift Structure			
	Intern	HMO	Registrar
Day	Intern	HMO	Registrar
Afternoon	N/A	08:00 start- Finish times vary- see above roster	08:30 start- Finish times vary- see above roster
Night	N/A	No PM shifts	No PM shifts
Weekend	N/A	No night shifts	No night shifts except on call
	N/A	No weekend shift	No weekend shift except on call

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	N/A	Working together with the registrar under the supervision of the consultant.	Based on the handover, work out the tasks for the shift and allocate tasks.
Afternoon	N/A	N/A	N/A
Night	N/A	N/A	N/A
Weekend	N/A	N/A	Doing on call duties in the inpatients and provide support to the service

17. Common Conditions
Manage patients with mental health conditions of varying severity in the community in collaboration with Multidisciplinary team Medical reviews are aimed at assessing current mental state, risks, side effects of medication, adjusting medication, monitoring physical co-morbidities. Ordering blood tests as required. Many of our patients have co-morbid physical health conditions. Appropriate monitoring of same and liaison with the GP, specialists.

Working alongside Key clinicians, community development officer, NDIS lead, occupational therapist, to address psychosocial needs. Eg drafting support letter for DSP, carer support payment.

Working with families alongside carer peer support workers.

Escalating appropriately if patients are deteriorating- discuss with consultant about next steps.

Liaising with other providers for discharge planning- GP, psychologist etc

Conditions commonly seen in the community include:

-Chronic enduring psychotic illness like Schizophrenia, schizoaffective disorder.

-Treatment resistant psychotic illness- patients on clozapine.

-Psychotic/ mood disorders associated with illicit drug use.

-Mood disorders- Depression, Bipolar affective disorder.

-Personality disorders

-Trauma related- PTSD, C-PTSD, BPD

-Severe anxiety disorders like OCD

Patients may seek medication like benzodiazepenes. They are usually used for short term. There is also risk of diversion. Discuss with consultant/check safe script before issuing script.

Patient encounters can sometimes be challenging- discussing trauma, working with families, patient's history of violence or forensic history. Reach out to a team member for unofficial debriefing. Discuss with supervisor

18. Common Procedures

Mental status examination
Risk assessment
Post-ECT medical reviews
Cognitive screening
Communication with stakeholders

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

20. Routine Orders	
Pathology	Many antipsychotics increase risk of metabolic syndrome and hyperprolactinemia- monitoring for same. Monitoring for patients on Lithium- S.Li levels every 6 months minimum, may need more frequent when titrating. TSH, UEC, S.Ca every 6 months. Monitoring for patients on Valproate- S.Valproate levels, LFT every 6 months. Clozapine monitoring- FBE every 4 weeks, S.Clozapine, FLP, FBS every 6 months. Cardiac monitoring- for myocarditis. Clozapine co-ordinators also run echo clinic- will prompt when consumers need echocardiogram.
Radiology	CT or MRI brain- only in consultation with registrar and consultant
Pharmacology	Ward pharmacist can be contacted for advice if required.

21. IT Programs	
EMR	**EMR is not yet operational for community mental health.** **CPF is used for documentation.** **EMR access is required for following up patients who have been admitted or awaiting admission in the ED** The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/
Clopine Central	Central monitoring database for entering FBE results.

22. Documentation	
Admission	If a patient needs admission- discharge summary and risk assessment needs to be updated so that the pertinent service- EMH, inpatient unit,PARC etc receive relevant information.
Ward Rounds	N/A

Progress Notes	Document other clinical related information such as contacts with family member, discussions with other stakeholders and records of relevant information on CPF. Entering patient contacts to be updated on central register. This is key as mental health services receive activity based funding.
Discharge Summary	Discharge summary usually done by key clinician. Liaison with the GP, psychologist may be required.
Outpatient Clinics	N/A
CDI Queries	N/A
Mental Health Tribunal Reports	To discuss with the registrar in the team for the preparation of the MHT report
Death Certificates	https://www.bdm.vic.gov.au/medical-practitioners
Coroners	https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals	
Internal	Referrals to outpatient speciality clinics can be done through CPF. Referrals to other services within NWAMHS: PARC- referral from with discharge summary EMH- updated discharge summary and risk assessment Inpatient unit- direct admission from community will also need updated discharge summary and risk assessment Clinical Forensic specialist- in house at Hume.
External	Depends on the service provider. AOD service- Directline, uniting care. Prefer patient-initiated referral. GP-Usually needs a discharge summary Cognitive assessment- can be sent to RMH neurpsychiatry unit, CBDATS, ARBIAS.Refer to website for referral instructions.

24. Clinical Deterioration	
Escalation Process	In case of mental state deterioration- patients can be placed on intensive list where they are contacted weekly by the treating team. If not stabilised- based on severity and risk- placed on deterioration list for daily contact with clinician, with or without medication supervision. Other options include admission to PARC, inpatient unit for a period of stabilising. Acute community team can support after hours admission, nightly medication supervision through home visits or prompting through phone.
PreMet	N/A

Code	Code grey is called when ASCOM device is activated. Lets the office and clinic know and there is code grey response with at least 4 clinicians from office/clinic assembling in the clinic. Hospital Security are also called. Code Blue- as per hospital protocol. There is a code blue team at BHS who will respond.

25. Night Shift Support	
Unit	Acute community team can support after hours admission, nightly medication supervision or prompting. Duty clinician or Team leader also check if a patient made contact overnight and handover to the regular treating team in the morning briefing. There is also a registrar and consultant on call for NWAMHS. After hours support can be handed over to the registrar if required. If medical emergencies Virtual ED or through THN ED. For conditions which are not time sensitive- referred to GP clinic in the morning
Periop	N/A
Take 2 @ 2	N/A

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education

NWAMHS Education Forum

A roster will be sent out in advance. Junior medical staff will be expected to present on a subject of their choosing in accordance with the roster.

Weekly- Wednesday 830 to 930 - Online via MsTeams

There is no teaching sessions for HMOs at present.

29. Unit Meetings

Morning briefing

Any patient who are on the intensive list, deterioration list, seeking admission, overdue for depot antispsychotic medication are briefly discussed.

Mon to Fri 0900

Clinical review

Patients are discussed with multidisciplinary team-key clinician, team leader, registrar, consultant every 3 months. Any patient whose mental state is deteriorating, or recovery progress stalled are also discussed.
Varies based on team

Business Meeting
Both operational and clinical issues discussed.
First Tuesday every month

30. Research and Quality Improvement

?

31. Career Support

Discuss with Director of Education and Training – Dr Yang Yun or Lead consultant Dr.Lokesh Sekharan

32. Medical Students on the Unit

MD3: Follow resident and registrar

33. Rostering

Shift Swap	The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague. All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior. All shift swaps should be like hours for like hours. Proposed shift swaps must be emailed to your MWU coordinator for approval.

<table>
<tr>
<td>Unplanned Leave- Notification and documentation process</td>
<td>
Personal Leave documentation required:
For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.
For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.
To be eligible for payment, the doctor is required to notify the Health Service <u>two hours</u> before the start of their shift, or as soon as practicable.
<table>
<tr><td>In hours Monday to Friday
0730 - 1630</td><td>Step 1:
Medical Workforce Reception
8405 8276</td><td>Step 2:
Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr>
<tr><td>After hours Monday to Friday
Between 1630 – 2200

After hours Monday to Friday
Between 2200-0730</td><td>Step 1:
Between 1630 – 2200
Medical Workforce On-call Phone
0438 201 362

Between 2200-0730
Hospital / After Hours Coordinator
(8405 8110 or via switch)</td><td>Step 2:
Notify unit (at a suitable time)</td><td>Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.</td></tr>
<tr><td>In hours Weekends & Public Holidays
0700 - 2200</td><td>Step 1:
Medical Workforce On-call Phone
0438 201 362</td><td>Step 2:
Notify</td><td>Please ensure you notify both MWU & your unit</td></tr>
<tr><td>After hours Weekends & Public Holidays
2200-0700</td><td>Step 1:
Hospital / After Hours Coordinator
(8405 8110 or via switch)</td><td>Step 2:
Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr>
</table>
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</tr>
<tr>
<td>Overtime</td>
<td>All overtime should be submitted into the Overtime Portal
This can be accessed via the intranet whilst onsite at Northern Health
Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.</td>
</tr>
</table>

34. JMO Rover

35. Document Status

Updated by	Dr Yang Yun	December 2023
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		