

Service Check Register for NSW Health

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Summary This policy details the mandatory requirements around the creation, maintenance and deletion of records on the Service Check Register for NSW Health when dealing with misconduct matters against NSW Health staff members. It outlines the mandatory requirements for all preferred applicants for positions across NSW Health to be checked against the Service Check Register (SCR) as part of the recruitment process.

Replaces Doc. No. Service Check Register for NSW Health Services [PD2009_004]

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Audience Workforce Directorates, HR Depts, Professional Conduct or Standards Units and Internal Audit Units

Distributed to Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

SERVICE CHECK REGISTER FOR NSW HEALTH

PURPOSE

This Policy Directive and attached Procedures set out the mandatory requirements regarding the use of the Service Check Register (SCR) for NSW Health. Mandatory requirements include the creation, maintenance and deletion of records on the SCR when dealing with certain misconduct matters against staff members, checking the SCR, and managing identified SCR records in recruitment processes.

It also includes the requirements involved in establishing user accounts and accessing the SCR, reviewing SCR records, and using tools and templates in the management, assessment and exchange of information on the SCR.

This Policy applies to all staff of the NSW Health Service (including casual, temporary or 'locum' staff), staff of the Ministry of Health, and Visiting Practitioners. It does not include volunteers or students or staff of undeclared Affiliated Health Organisations.

MANDATORY REQUIREMENTS

In accordance with Section 3 of the Procedures, only staff authorised by the Chief Executive or delegate may be given access to the SCR.

The creation of SCR records must be in accordance with Section 4 of the Procedures, using the form '*Approval to create or to remove a SCR record*' at Appendix 3.

The staff member involved must be informed of the SCR record, their rights in respect of the record and the role of the SCR in recruitment.

NSW Health organisations must have mechanisms in place to manage and monitor their SCR records in accordance with Section 5 of the Procedures to ensure the ongoing effectiveness of the SCR in recruitment processes, including ensuring that all SCR records are based on sound investigative and risk management processes and decisions.

NSW Health organisations must have systems for managing requests for information in relation to SCR records that include the use of the '*SCR Summary Statement*' at Appendix 4.

The provision of information relating to SCR records across the NSW Health Service and the Ministry of Health must be in accordance with Section 5.3 of the Procedures.

SCR records must be removed in accordance with the requirements of Section 5.5 of the Procedures.

SCR records can only be removed by the NSW Health organisation that created them or by the Ministry of Health in limited circumstances. The staff member must be informed if their SCR record is removed. The form '*Approval to create or to remove a SCR record*' at Appendix 3 must be used.

All preferred applicants for full-time, part-time, temporary and casual positions (including locum and agency staff) across NSW Health, must be checked against the SCR, before an offer of employment or appointment can be made. Refer to Section 6 of the Procedures.

Applicants must be advised that they will be checked against the SCR.

Documented risk assessments must be undertaken in accordance with Section 6 of the procedures whenever a SCR record is identified during a recruitment process, including seeking information from the nominated contact person, and if the risks are relevant, providing the applicant with an opportunity to submit further information, and informing them of the outcome of the risk assessment.

SCR records must be reviewed in accordance with this Policy and the attached Procedures whenever information is received that may affect the ongoing requirement for the record to remain on the SCR and, if no such information is received, at a minimum of every two years.

IMPLEMENTATION

Chief Executives are required to:

- Ensure that this Policy is communicated to all managers involved in managing misconduct matters or involved in recruitment, including that of casual, or locum or agency staff.
- Ensure the correct delegations are in place to approve user access to the SCR and the creation, editing and removal of records.

Workforce Directorates/ Human Resources Departments/ Internal Audit Units or Professional Conduct or Standards Unit are required to:

- Ensure provision of instruction, information and training as necessary to support establishment of local procedures for effective implementation of this Policy, including ensuring the regular review of SCR records and associated investigation processes, and risk assessment procedures to support the recruitment process.
- Ensure compliance with this Policy and the attached procedures.

HealthShare NSW:

- Administers and maintains the SCR database application and associated user manuals.
- Manages SCR user accounts, including provision of support and advice to users, and audit use as required.
- Provides information, as required, on the use of the SCR by account users.

REVISION HISTORY

Version	Approved by	Amendment notes
October 2013 (PD2013_036)	Deputy Director General, Governance Workforce and Corporate	Updated Policy replaces PD2009_004 - Changes include new criteria for records, new recruitment risk assessment process, new review process, inclusion of Ministry of Health staff and new Branch ownership
PD2009_004	Director General	First released 30 January 2009.

ATTACHMENTS

1. Service Check Register for NSW Health: Procedures.

Service Check Register for NSW Health



Issue date: October-2013

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1 KEY DEFINITIONS

For the purpose of this Policy Directive and Procedures, the following definitions apply:

Administrative action Administrative action is any risk management action taken against an individual to manage alleged misconduct while it is being established if the misconduct occurred; it includes alternate working arrangements (including altered clinical privileges in line with the current NSW Health Policy on Visiting Practitioners and Staff Specialists Delineation of Clinical Privileges), duties with no patient contact, rosters that allow for more supervision or alternate work locations. *For the purpose of this Policy, administrative action also includes suspension or a decision not to re-engage a casual or locum employee or an agency staff member during an investigation into alleged misconduct.*

Chief Executive *For the purpose of this policy, this includes the Director General of Health in respect of the Ministry of Health.*

Disciplinary action The imposition of a penalty on a staff member to mitigate risk following a finding of misconduct. This includes transfer to another position, annulment of appointment, dismissal or termination, or a decision not to renew a contract or not to continue using the staff member's services. *For the purpose of this policy, formal warnings are not included in the definition of disciplinary action that require a SCR record.*

Misconduct includes:

- Behaviour or conduct which seriously breaches the expected standards, as identified in relevant legislation (eg *Health Services Act 1997*, *Health Practitioner Regulation National Law (NSW)*), registration standards and codes/guidelines approved by a National Health Practitioner Board, NSW Health policies (eg Code of Conduct, hand hygiene etc), the Australian Code for the Responsible Conduct for Research etc.
- Refusal to carry out a lawful and reasonable instruction given by a supervisor or a person in the line management of the staff member.
- Reportable allegations as defined under the *Ombudsman Act 1974* (including allegations relating to conduct outside of the workplace).
- Corrupt conduct as defined under the *Independent Commission against Corruption Act 1988*.
- Serious wrongdoing that is a matter of public interest, i.e. relating to corrupt conduct, maladministration, serious and

substantial waste, or failure to deal appropriately with Government Information (*Public Interest Disclosure Act 1994*).

- Criminal charges or convictions that have an adverse impact on the workplace and/or the role or performance of the staff member (including such offences committed outside the workplace and/or work hours, or prior to the appointment to the current position).
- For staff of the Ambulance Service of NSW, misconduct and traffic offences as defined under Part 3A of the *Health Services Regulation 2008*.
- Making vexatious allegations or knowingly making false or misleading public interest disclosures.

NSW Health

For the purpose of this policy, this consists of Local Health Districts, statutory health corporations, the Ambulance Service of NSW, the Public Health System Support Division, the Ministry of Health and Albury-Wodonga Health in respect of NSW Health Service staff.

NSW Health Organisation

For the purpose of this policy, this refers to a local health district, a statutory health corporation, the Ambulance Service of NSW, NSW Health Pathology, HealthShare NSW, Health Infrastructure, the Ministry of Health or Albury-Wodonga Health.

Preferred Applicant

An individual who is the recommended person for a vacant position, but who has not yet been formally offered that position.

Remedial action

Non-disciplinary action, specifically to mitigate risk, imposed on a staff member against whom a finding of misconduct has been made. *For the purpose of this policy, this **only** relates to remedial action that involves training and development requirements, additional supervision requirements or performance monitoring requirements where the requirements have specific and measurable outcomes.*

Staff member

Any person who is employed in NSW Health (including as a temporary, casual or 'locum' employee), visiting practitioners, contract or agency staff, but does not include students or volunteers.

Visiting Practitioner

A medical practitioner or dentist, appointed to practice (otherwise than as an employee) at a NSW Health organisation under section 76 of the *Health Services Act 1997*.

2 BACKGROUND

2.1 Introduction

The Service Check Register (SCR) for NSW Health state-wide database is a tool to support effective screening processes in recruitment and assist in the management of misconduct matters across NSW Health.

Its key role is to support effective screening processes in recruitment by alerting NSW Health organisations within NSW Health to risks, identified elsewhere in NSW Health, in relation to alleged misconduct or misconduct, so that their relevance to the position for which the person has applied may be identified and assessed.

The SCR identifies if preferred applicants seeking to be engaged or employed in NSW Health are subject to current enquiries into alleged misconduct or have been found to have engaged in misconduct, where the NSW Health organisation has determined that the alleged misconduct or misconduct presented risks significant enough to warrant a decision that administrative, disciplinary or remedial action was necessary to mitigate those risks, or would have been necessary if the person was still in their role at the time of the decision.

Separate to the recruitment process, the SCR also has a role in assisting in the identification of previous disciplinary action that may be relevant when making a disciplinary decision in relation to allegations of misconduct which have been upheld.

To support the effective functioning of the SCR, NSW Health organisations are required to create, maintain and delete records on the SCR in accordance with the requirements of these procedures when dealing with misconduct matters against staff members.

This document outlines the procedures for obtaining access to the SCR, for creating, amending, reviewing, and for removing, records on the SCR; and for the checking and subsequent management of identified records on the SCR for recruitment, for other NSW Health employment or engagement, or for misconduct management purposes.

The SCR is not a comprehensive record of misconduct issues, and once a SCR record is removed from the SCR, it is no longer accessible to SCR users.

These procedures are supported by a number of template documents, including an 'Implementation Checklist', attached as appendices and by SCR Database User Guides, available from within the SCR database and from HealthShare NSW.

3 MANAGING ACCESS TO THE SCR

It is the responsibility of each NSW Health organisation to identify who requires access to the SCR and to inform HealthShare NSW, as the system administrator, if a staff member leaves or no longer requires access to the SCR, so that their user account may be closed.

3.1 Obtaining access to view, enter or amend a record on the SCR

Only staff authorised by the Chief Executive or their delegate may be given access to the SCR.

The persons to whom access should be provided are those position holders with ongoing responsibility for managing recruitment checks (for example criminal record checks) or those involved in risk assessment or disciplinary decisions.

HealthShare is responsible for setting up user accounts on the SCR and for maintaining a register of all authorised users, including their logon details.

Each SCR user must sign a confidentiality agreement to obtain a username and password from HealthShare NSW which enables them to log on and access the SCR. Usernames and passwords for the SCR are not transferable to other staff and individual usage is fully auditable by HealthShare NSW.

The form '[User Access Request and Confidentiality form](#)' at Appendix 2 needs to be signed by the staff member requiring access and by the Chief Executive or their delegate and forwarded to the system administrator in HealthShare NSW.

There are two types of access rights to the SCR: access to 'read only,' which allows the user to use the search function; or access to 'read/write', which allows the user to create, amend or delete records and to produce reports about the agency's active SCR records.

Staff involved in recruitment would usually require 'read only' access whereas staff involved in the management of misconduct investigations would usually require 'read/write' access.

Authorised users have access rights to view all records on the SCR. However only authorised users within the particular NSW Health organisation that created an SCR record may amend or remove it.

3.2 Access to all functions

For the purpose of system administration and auditing, designated staff from the Ministry's Workplace Relations Branch and from HealthShare NSW have access to all functions on the SCR.

3.3 Right to view own record

Any person whose name and details appear on the SCR has the right to receive a printed copy of the information on the SCR. The NSW Health organisation that created the SCR record should provide this information to the staff member within 10 business days of receiving such a request.

3.4 Right to view another party's record

Authority to access the SCR database is restricted to authorised users in NSW Health and information held in the SCR must only be viewed and used for the purposes and in the manner described in this Policy.

Third parties not covered by this Policy are not entitled to access SCR records except where legally required to do so, for example, under subpoena or court order.

4 CREATING SCR RECORDS FOR ALLEGED MISCONDUCT OR MISCONDUCT MATTERS

4.1 Approval to create or remove a SCR record

The Chief Executive should delegate the function of approving the creation and removal of SCR records to the position that has the delegated authority to make the decision about administrative action during an investigation or disciplinary/remedial action at the conclusion of the investigation. This situation will facilitate the availability of the Chief Executive as the final decision maker in any formal reviews of SCR record issues.

To create or remove a SCR record, the approval of the Chief Executive or their delegate needs to be obtained, using the template at Appendix 3, '[Approval to create or to remove a SCR record](#)', which should be placed on the investigation file.

4.2 Identified risk requiring the creation of a SCR record

The commencement of a disciplinary process or an adverse finding against a staff member as a result of a disciplinary process does not automatically mean the creation of a SCR record in relation to that staff member.

In accordance with this policy, the creation of SCR records must relate specifically to decisions around administrative, disciplinary or remedial action to mitigate risks in response to alleged misconduct or misconduct. In these circumstances, the risks posed by the staff member must be of such significance that they impact on their ability to undertake the full range of responsibilities and tasks associated with their role (or if they are no longer in that role would do so if they were still in it) .

Even where there is no actual administrative, remedial or disciplinary action required because the person is no longer in the role, creating SCR records in circumstances where there would have been risks, assists in ensuring the effectiveness of the SCR in the recruitment process should the staff member seek a similar role elsewhere in NSW Health.

4.3 Criteria for creating a record

The creation of SCR records must be directly related to decisions taken and documented in response to alleged misconduct or misconduct, and must directly relate to risks identified as described in [Section 4.2](#) of this Policy.

For a staff member's name to be placed on the SCR, one of the following criteria must be met:

1. There is alleged misconduct and a decision has been made to take administrative action to mitigate any immediate or ongoing risks relating to the alleged misconduct while any investigation or other action is ongoing, or
2. There is alleged misconduct and the staff member has resigned or left the position prior to the completion of any investigation or action, but had they not, administrative action would have been required to mitigate identified risks arising from the alleged misconduct in relation to the role they were in at the time, or
3. There is alleged misconduct or misconduct and the staff member is a locum doctor/casual/agency staff member and a decision has been made to not use their services or to not renew their contract due to risks arising from the alleged misconduct or misconduct, or
4. Following a finding of misconduct, disciplinary or remedial action is being taken against the staff member to mitigate risks arising from the misconduct, or
5. Following a finding of misconduct, a decision has been made that disciplinary or remedial action would have been taken against the staff member to mitigate risks arising from the misconduct had they still been in their role at the time of the finding.

For points 3, 4 and 5, the SCR record may already have been created for the reasons stated in points 1, 2 or 3: The decision to maintain the SCR record in these circumstances following a finding of misconduct and related remedial or disciplinary action must still be approved by the Chief Executive or their delegate.

An investigation into alleged misconduct that has commenced must always be completed and findings made, including decisions about action against the staff member, even where the staff member is no longer in the role they were in at the time of the alleged misconduct. Where a staff member is no longer in the role, they should still be afforded procedural fairness in respect of any findings or decisions recorded against their name.

4.4 Information to be entered into the SCR

When creating a SCR record, the following information is mandatory:

- Full name of person, including any aliases, their gender, date of birth, position and employment type
- Employee Number or professional registration number (if the person is required to hold registration with a health related professional registration board)
- The date action was taken by the agency
- The name of the NSW Health organisation taking the action
- A nominated contact person (see [Section 4.5](#))
- The reason why a person is on the SCR (i.e. alleged misconduct and suspended).

The review date field must be completed to reflect the mandatory minimum review requirements for managing SCR records as detailed in [Section 5](#) of this Policy.

A full description of the information that must be entered into the SCR is set out in the SCR Database User Task Guides. The SCR Database User Task Guides, available electronically within the SCR database application may be updated from time to time by HealthShare NSW.

4.5 The nominated contact person

When creating a SCR record, a nominated contact person must be identified, who must be able to provide detailed information in response to enquiries arising from the SCR record, and must therefore be a person with sufficient authority to access personnel records and the relevant investigation files.

Should the nominated contact person leave their position, the NSW Health organisation must update the SCR record with details of a new nominated contact person.

4.6 Informing the staff member

A staff member must be informed in writing of a decision to place their name on the SCR or a decision to maintain their name on the SCR following a finding of misconduct, along with information about their review rights and how their name may be removed, and advice that the SCR database is checked as part of the recruitment process. This should be done before the SCR record is created or before the SCR record is updated following a finding of misconduct at the time of informing the staff member of the decision to take administrative, remedial or disciplinary action.

The following should be added to template letters used for advising staff members' of administrative, remedial or disciplinary action:

As a result of this decision, your name is to be placed / has been placed/ will remain on the NSW Health Service Check Register (SCR) in accordance with the Service Check Register for NSW Health Policy Directive PD 2012_ XXX. [For *incomplete matters*-add] You should be aware that resigning your employment will not necessarily result in your Service Check Register record being removed.

Access to the SCR is restricted to authorised NSW Health staff only. Should you apply for a position elsewhere in the NSW Health Service or the Ministry of Health, and be selected as a preferred applicant, your name will be checked against the SCR, and (Name of investigating NSW Health organisation) will be required to provide information about this matter to assist in the recruitment process. Further information about this process is contained in the Service Check Register Policy Directive.

You are entitled to a print out copy of the information about you on the SCR. If you would like a copy, please contact XXXX. Please note that, if required in accordance with the NSW Health SCR Policy Directive, the information on the SCR may be updated from time to time. If it is updated to remove your name, you will be notified.

If you would like further information about the SCR, including when a SCR record must be created or removed, and how you may request a review, the SCR policy is available on the NSW Health website at <http://www.health.nsw.gov.au/policies/pages/default.aspx>.

At all times the principles of risk management must be the overriding consideration in creating SCR records. If there are risk management reasons requiring a SCR record to be created prior to advice being provided to the staff member, these reasons must be clearly documented along with details of any attempts to contact the staff member prior to the creation of the SCR record.

4.7 Creating SCR records when a staff member resigns

A staff member's resignation in itself does not meet the criteria for the creation or removal of a SCR record.

Existing SCR record at time of resignation - If a SCR record has already been created for the staff member, prior to their resignation, in connection with alleged misconduct, it should remain after the resignation until such time as the criteria in [Section 5.5](#) for removing records has been met.

No existing SCR record at time of resignation - There are a number of reasons why a staff member's name may not be on the SCR at the time they resign: the risk assessment may not have yet been completed, the staff member may have been on leave or unable to attend work due to ill-health or there may have been no relevant risks identified in connection with the alleged misconduct.

For these reasons, for the purpose of this Policy, a resignation must trigger a risk assessment review in any of the following circumstances:

- A risk assessment has not yet been completed in relation to the alleged misconduct;
- The previous risk assessment identified risk relating to the alleged misconduct but did not result in administrative action (nor a SCR record) because the staff member was already absent from the workplace for unrelated reasons;
- An earlier risk assessment identified there were no risks relating to the alleged misconduct significant enough to require administrative action but additional information has since been received that has not been reviewed in terms of risk.

If the review of the risk assessment finds there are no risks, relevant to the role the staff member was in at the time the alleged misconduct was identified, significant enough to have affected their ability to undertake the full range of responsibilities and tasks associated with that role, the staff member's name must not go on the SCR.

If the review of the risk assessment identifies there are risks relevant to the workplace arising from the alleged misconduct, they must be considered in relation to the role the staff member was in before they resigned and whether administrative action would have been required to mitigate those risks had the person not resigned. This decision must be documented and if the criteria in [Section 4.3](#) of this Policy are met, a SCR record must be created.

4.8 Completing the investigation when the staff member is no longer in the role

An investigation must be completed and the staff member must still be afforded procedural fairness, even if they are no longer in the role they were in at time the investigation commenced.

As the investigation progresses and new information is received, the risk assessment should continue to be reviewed in terms of its application to this Policy.

Findings must be made, and if there is a finding of misconduct, a decision must still be made and documented about remedial or disciplinary action (including termination) that would have been taken against the staff member to mitigate risks if they were still in the role they were in at the time the misconduct was identified. This decision should be

documented and if the criteria in [Section 4.3](#) of this Policy are met, a SCR record must be created.

While there may be no actual administrative, remedial or disciplinary action required or taken by the NSW Health organisation because the person is no longer in the role, creating a SCR record in these circumstances assists in ensuring the effectiveness of the SCR in the recruitment process should the staff member seek employment or engagement in similar roles elsewhere in NSW Health.

4.9 Creating SCR records for locum doctors, and other agency or casual staff

Where alleged misconduct or misconduct involves a 'locum' doctor or agency or casual staff member, any related risks, as defined in [Section 4.2](#), still need to be identified through the SCR in case the person seeks to be employed or engaged elsewhere in NSW Health.

Whenever a SCR record is created, the staff member must be afforded procedural fairness in relation to the alleged misconduct giving rise to the SCR record, and any decision not to reengage a 'locum' doctor or agency or casual staff member must be based on a documented risk assessment.

Investigations must still be completed and findings made in accordance with the principles around managing misconduct matters, including procedural fairness and risk management principles. If the misconduct is substantiated, the NSW Health organisation must make a decision regarding any necessary action to mitigate risks in relation to the role the person was in at the time the misconduct was identified, even if they are no longer in that role. For 'locum' doctors or agency or casual staff, this may be a decision not to use that person's services in the same role, or to place administrative limitations around their ongoing engagement. Any such decision will inform the requirement to create a SCR record.

Where appropriate, the relevant recruitment or employment agency should be advised only of the fact that the person will no longer be engaged in that role.

5 MANAGEMENT OF SCR RECORDS

The NSW Health organisation that created the SCR record is responsible for its maintenance, review and update, including removal.

The SCR's key role is to assist in recruitment in identifying potential risk individuals may have had identified from previous appointments in NSW Health. The information contained on the SCR is only as current as its last review. It is therefore critical that NSW Health organisations regularly review, and update SCR records, including when any new information is received that may affect the requirement for the staff member's name to remain on the SCR. NSW Health organisations should also ensure that investigations or enquiries into alleged misconduct are not unnecessarily delayed, and that related decisions to create, amend or remove SCR records are acted on promptly.

While requirements around a SCR record's maintenance and review will change depending on whether it is an open or a completed SCR record, SCR records should always be reviewed if information is received that may affect the ongoing requirement for the record to remain on the SCR

NSW Health organisations should use the SCR database's report functions to manage their SCR records and ensure that they are maintained and reviewed in accordance with the requirements of this Policy and other NSW Health policies relevant to managing misconduct.

5.1 Managing open SCR records

Open SCR records are those that relate to risk management decisions where a finding relating to the alleged misconduct is still pending. SCR records must only remain open as long as any investigation or enquiries are ongoing. Any investigation or action relating to alleged misconduct should be completed in a timely manner. NSW Health organisations must regularly review their SCR records (using the SCR report function) to ensure they are updated in accordance with the requirements of this Policy, and to monitor and address any delays in investigations.

Open SCR records, reflecting ongoing administrative action or decisions about administrative action, must be reviewed at least every thirty days or whenever new information comes to light that might impact on the risk assessment. The template at Appendix 3, '[Approval to create or to remove a SCR record](#)' may also be used for decisions around updating the SCR record.

A decision to remove a SCR record must be in accordance with [Section 5.5](#) of this Policy. The SCR record must be updated within five working days of the final findings being made in relation to the alleged misconduct.

5.2 Managing completed SCR records

Completed SCR records are those records that are on the SCR because of a finding of misconduct, and disciplinary or remedial action to mitigate risks is being, has been, or would have been taken (if the person had not left their role).

Completed SCR records are required to be reviewed at least every two years, or otherwise in accordance with the requirements outlined in [Section 7.1](#) of this Policy, and they must remain on the SCR unless the criteria for removing SCR records has been met as detailed in [Section 5.5](#) of this Policy.

5.3 Provision of Information across NSW Health

Information about a SCR record may be provided to assist in a decision about recruitment, to assist in finalising a decision about appropriate disciplinary action following a finding of misconduct against a staff member, or to assist in a risk management decision in the case of secondary employment.

The Ministry of Health may also request information to assist in a formal review of a SCR record or for other auditing purposes.

Requests for information should be directed to the nominated contact person identified on the SCR record.

Information on the SCR can only be provided to the NSW Ministry of Health and other NSW Health organisations in the NSW Health Service covered by this Policy.

Third parties not covered by this Policy are not entitled to access SCR records except where legally required to do so, for example, under subpoena or court order.

5.3.1 Provision of Information - for recruitment and disciplinary

The NSW Health organisation that created the record must provide the requesting NSW Health organisation with sufficient information to enable a full assessment of risks for recruitment purposes, or to assist the requesting NSW Health organisation in determining appropriate disciplinary action in a substantiated misconduct matter.

The information provided must be factual, relevant and objective and must be presented in writing using the '[SCR Summary Statement](#)' template at Appendix 4.

The following information should be provided:

- For open SCR records - Details of the alleged misconduct, the role and responsibilities of the staff member, summary of any submissions by the staff member and any decisions regarding risk management action (this information should have already been documented in a risk assessment).
- For completed SCR records (including where a decision has been made to maintain a SCR record following a finding of misconduct but the SCR record is yet to be updated) – the role and responsibilities of the staff member at the time of the misconduct, details of the misconduct, any submissions by the staff member and what remedial or disciplinary action (or other action in the case of casual or 'locum' and agency staff) is being, would have been or has been, taken, including the rationale and how it relates to risk management. Information relating to allegations that have not been substantiated must not be included.
- In circumstances where the SCR record is being removed: Where a request for information is received, and the NSW Health organisation that created the record has since made a decision to remove the SCR record, the '[SCR Summary Statement](#)' template at Appendix 4 must be used to advise the requesting agency that the record is being removed and, where the request relates to a recruitment decision, no further details may be provided. If the request for information is to assist in a decision about appropriate disciplinary action following a finding of misconduct, details of any substantiated misconduct only should be provided for an assessment of relevance.

5.3.2 Provision of Information - for identified other employment

In the case of other employment or engagements within NSW Health, the NSW Health organisation that is creating the record may provide information to the identified other employing NSW Health organisation without receiving any request for information. The '[SCR Summary Statement](#)' template at Appendix 4 must be used.

As soon as it is identified that a staff member in a misconduct matter, who is the subject of administrative, disciplinary or remedial action to mitigate risks as described in [Section 4.2](#), is engaged elsewhere in NSW Health, the relevant other NSW Health organisation must be advised and provided with sufficient information to assess and take any mitigating action in response to any risks the staff member may pose locally.

The staff member in this situation is required to inform the NSW Health organisation of any other employment within NSW Health.

The principles around the provision of information for recruitment and disciplinary decisions outlined in [Section 5.3.1](#) apply equally to information provided for other employment purposes, and include the requirement to use the '[SCR Summary Statement](#)' template at Appendix 4.

In addition, the other employing NSW Health organisation must be informed that a SCR record is being created and be kept informed of the progress of any investigation or action, particularly in relation to any information that may affect their local risk assessment. They must also be provided with the findings of the alleged misconduct, and with details of the final risk assessment.

Where the staff member's appointment is terminated in one part of the NSW Health Service following a finding of misconduct, the current NSW Health policy on managing misconduct must be consulted regarding its impact on engagements elsewhere in the NSW Health Service.

5.4 Action the notified NSW Health organisation must take

The NSW Health organisation receiving the notification is not required to complete its own investigation nor is it required to create a new SCR record.

The other NSW Health organisation must complete its own risk assessment based on the information provided, and make its own decision regarding local action. This assessment is not a consideration of any action being taken by the primary NSW Health organisation.

If the staff member is terminated from the primary NSW Health organisation, the other NSW Health organisation must consult the current NSW Health policy on managing misconduct about any further action they need to take.

5.5 Removing SCR records

Apart from the Ministry of Health in very limited circumstances (refer to Section 7), only the NSW Health organisation that created the SCR record can remove a SCR record. The '[Approval to create or remove a SCR Record](#)' form at Appendix 3 must be used and signed by the Chief Executive or their delegate.

SCR records must be removed by the NSW Health organisation that created the SCR record if it determines that any one of the following criteria has been met:

1. The SCR record was incorrectly created (i.e. not in accordance with [Section 4.3](#) of this Policy).
2. The alleged misconduct is 'not substantiated'.
3. The misconduct is 'substantiated' but no disciplinary or remedial action (as defined in this Policy) is being taken against the staff member to mitigate risks (nor would it have been taken if the staff member was still in their role).
4. The misconduct was substantiated resulting only in remedial action, which has been satisfactorily completed by the staff member, thereby addressing the identified risks.
5. There is no longer the risk relating to the alleged misconduct or misconduct, as specified in [Section 4.2](#), which resulted in the creation of the SCR record.

This determination must be documented in a risk assessment, and should focus specifically on the previously identified risks resulting in the creation of the SCR record and their relevance and application to the role the person was in at the time the alleged misconduct or misconduct was identified, even where the person is no longer in that role.

The risk assessment required at the time of recruitment following the identification of a SCR record is different in that it relates only to the position for which the person has applied.

Before removing a SCR record, a print out must be taken and placed on the relevant investigation file. Once a SCR record has been removed, no history will be available to SCR users that a record for that staff member existed.

The staff member must be informed in writing as soon as possible that a decision has been taken to remove their SCR record.

6 RECRUITMENT - CHECKING THE SCR

As part of the recruitment or appointment process, **all** preferred applicants for positions, and persons who may be appointed as casual or 'locum' staff, or as contracted agency staff, must be checked against the SCR whether or not they are already employed or engaged in NSW Health.

6.1 Casual or 'locum' doctors & nursing and midwifery agency staff (and urgent appointments)

The current NSW Health policy on staff specialist and visiting practitioner appointments (including clinical academics) stipulates those pre-employment checks that must be completed prior to any appointment and allows some employment checks to be done retrospectively.

Where the appointment of staff (including through locum and nursing and midwifery agencies) needs to occur at short notice and out of office hours, it may not always be possible to conduct a SCR check prior to the commencement of the appointment.

In these circumstances, where it is impractical to conduct a SCR check prior to an appointment, a SCR check may be conducted retrospectively. In these circumstances, the staff member must be advised that their ongoing appointment is dependent on the outcome of the SCR check.

A retrospective check must be done as soon as is practical after the appointment has commenced. Where it indicates a SCR record, an immediate risk assessment in accordance with this Policy must be undertaken to determine whether the appointment should continue.

NSW Health organisations must ensure there are processes in place to check locum and agency staff against the SCR prior to appointment where possible and retrospectively in the case of urgent appointments.

6.2 What details need to be checked on the SCR

The preferred applicant's name, including any aliases, must be checked against the SCR database.

6.3 Keeping records of SCR searches

A printed copy of the SCR status search result must be placed on the relevant recruitment file. This search result will be time and date stamped including the user's account name.

6.4 What happens if a preferred applicant has a SCR record?

The identification of a SCR record does not necessarily preclude a person from being engaged or employed. Additional information about the SCR record must be sought from the NSW Health organisation that created the SCR record, and the preferred applicant that has the SCR record must be afforded procedural fairness in the recruitment process.

A documented recruitment risk assessment must be completed, which must determine if and how the risks are relevant to the position for which the applicant is being considered.

The recruitment risk assessment must be managed by staff with ongoing responsibilities and experience in undertaking risk assessments as part of the recruitment process, (such as for criminal records) and in accordance with established principles and processes for managing other recruitment risk assessments.

To complete the recruitment risk assessment, the following must occur:

- The nominated person of the NSW Health organisation that created the SCR record must be contacted for additional information, which must be provided in writing using the ['SCR Summary Statement'](#) template at Appendix 4.
- If an initial assessment of the information relating to the SCR record determines that there are no risks relevant to the position for which the applicant is being considered, this must be documented and the recruitment process should continue.
- If an initial assessment of the information relating to the SCR record determines that there may be risks relevant to the position for which the applicant is being considered, the applicant must be contacted to:
 - Confirm the details of the SCR record and their understanding of the reasons for the record
 - Be provided with an opportunity to submit additional information, such as workplace references from employment dated after the alleged misconduct or misconduct that resulted in the creation of the SCR record, medical or other professional references or assessments relating to treatment or counselling, courses attended, Registration Board decisions (following the alleged misconduct) or evidence of a change in their circumstances that may have relevance to the alleged misconduct or misconduct.

Based on the information obtained, a determination must be made about whether any risks, identified as relevant to the position for which the person is being considered, affect the person's ability to undertake the full range of responsibilities and tasks associated

with the role, including whether any such risks can be, or have already been, satisfactorily mitigated. The final assessment and decision must be documented. The [‘Recruitment Risk Assessment for SCR records’](#) template at Appendix 5 should be used.

The recruitment risk assessment does not involve any consideration of risks to the role the person was in at the time the alleged misconduct or misconduct was identified, and is therefore not a consideration of whether the person’s name should be removed from the SCR. Subsequently, there is no requirement for the NSW Health organisation doing the recruiting to notify the NSW Health organisation that created the SCR record of its final decision.

6.5 What happens if the applicant has been terminated from a NSW Health organisation?

The identification of a SCR record where the applicant has been previously terminated from NSW Health does not necessarily preclude that person from being employed or engaged. A risk assessment must be completed as in [Section 6.4](#) and the person must be contacted and provided with an opportunity to provide a submission stating why they should now be re-engaged in NSW Health.

This risk assessment is not a review of the original decision to terminate the appointment of the staff member, but is a review of the relevance of the risks, from the misconduct that resulted in the termination, to the new position.

As this assessment does not consider any risks as they may relate to the role the person was in at the time the misconduct was identified, a decision to employ a person will not automatically lead to the removal of the SCR record.

For a review of the SCR record, the staff member will need to submit a request to the NSW Health organisation that created the SCR record, in accordance with [Section 7](#) of this Policy.

6.6 Information provided to the applicant

If an initial assessment of information relating to the SCR record determines that there may be risks relevant to the position for which the applicant is being considered, the applicant must be contacted and advised of the identification of the SCR record.

The details of the SCR record and their understanding of the reasons for the record must be confirmed with the applicant.

The applicant must be provided with an opportunity to submit additional information to support their application, as detailed in [Section 6.4](#), and they should be advised of the relevance of the SCR record to the position for which they are being considered, and the type of information that may assist the risk assessment.

The applicant must be advised of the outcome of the risk assessment.

6.7 Related recruitment screening checks

Checking a preferred applicant against the SCR does not replace the requirement for all other checks that are a mandatory part of the recruitment or appointment process such

as referee checks, checks with professional registration bodies, National Criminal Record Checks or Working with Children Checks.

For full information about mandatory pre-employment screening requirements, refer to NSW Health policies on recruitment and appointment of staff members and visiting practitioners and employment screening.

7 REVIEW OF SCR RECORDS

NSW Health organisations must have procedures in place to initiate reviews and to manage requests for reviews of SCR records in all the circumstances outlined below in Section 7.1.

Requests for reviews of SCR records should always be directed, in the first instance, to the NSW Health organisation that created the SCR record.

7.1 Review of a SCR record by the agency

To ensure the continued effectiveness of the SCR in recruitment, records placed on the SCR in accordance with the requirements of this Policy must remain on the SCR unless the criteria has been met for removing them, as specified in [Section 5.5](#). SCR reviews should be undertaken by the NSW Health organisation that created the SCR record whenever information is received that may affect the ongoing requirement for the record to remain on the SCR, including in the following circumstances:

- a. If an individual believes a record on the SCR relating to them has been created incorrectly, or a decision to maintain the SCR record is incorrect they may request a review by the relevant Chief Executive. This review should consider whether the decision to create the SCR record was in accordance with the requirements of this Policy or whether the criteria in [Section 5.5](#) has already been demonstrated and therefore the record should be removed.
- b. If an individual believes that the risks that resulted in the creation of the SCR record have changed or no longer exist because of action they have since taken to address those risks, including the completion of remedial action, they may request a review by the relevant Chief Executive. This review may occur regardless of whether or not the individual is still working in NSW Health. This review should consider whether the criteria in [Section 5.5](#) has been met. It is not a consideration of the original decision to create the SCR record.
- c. An individual may request a review of the SCR record by the relevant Chief Executive if a Registration Board has removed registration conditions originally imposed as a result of the misconduct or makes any other decision in relation to the misconduct. Decisions by Registration Boards regarding conditions on a health practitioner's registration are separate to decisions made by the employer to manage workplace risk. Therefore, a decision by a Registration Board to remove conditions from a health practitioner's registration does not automatically lead to a SCR record being removed. This review is not a consideration of the original decision to create the SCR record.

SCR records must be reviewed by the NSW Health organisation that created the SCR record in the following circumstances:

- d. A review of the investigation or other action undertaken has resulted in a change to the findings or the action required in respect of the staff member. This review should consider whether the criteria in [Section 5.5](#) of this Policy has been met.
- e. A dismissal, termination or non renewal of contract is overturned or found to be unfair. This review must consider the reason for the overturning of the original decision and whether the criteria in [Section 5.5](#) of this Policy has been met.
- f. At least every two years to determine whether the circumstances still require the person to remain on the SCR; the review should focus on whether the criteria in [Section 5.5](#) of this Policy has been met.

Where the SCR review is at the request of the staff member, they must be advised in writing of the outcome.

7.2 Information considered in a review

SCR reviews must be documented. The template '[Review of SCR record](#)' at Appendix 6 should be used to summarise any submissions or information considered and clearly state the rationale for the outcome of the review.

The NSW Health organisation must ensure the following issues are considered as part of the review, and addressed in the final written determination:

1. The seriousness of the misconduct (including whether it related to a criminal conviction), and the identified risks that led to the SCR record
2. The length of time that has passed since the misconduct (the longer the period of time with no further incident the lower the risk)
3. Submissions from the staff member regarding action they have taken or changes to their circumstances that may have contributed to the misconduct, or any other information that assists in demonstrating that the likelihood of the conduct reoccurring has diminished
4. References – the type of reference will depend on the nature and circumstances of the misconduct, but could include workplace references as well as information from professionals from whom the staff member has sought treatment, counselling or other help
5. Changes in, or removal of, registration conditions
6. Details of any relevant courses
7. Any other evidence or information that demonstrates that the criteria in [Section 5.5](#) can be applied.

7.3 Reviews by the NSW Ministry of Health

If an individual is dissatisfied with a decision taken by the NSW Health organisation in response to a request to correct, amend or remove a record they can seek a review of that decision by the Workplace Relations Branch within the Ministry of Health.

The Ministry of Health will only review a decision relating to a SCR record after the NSW Health organisation that created the record has had an opportunity to do so.

7.4 Audits

NSW Health organisations should utilise the SCR database report function to conduct internal audits on the use of the SCR.

The Ministry's Workplace Relations Branch or HealthShare NSW may from time to time audit the use of the SCR, and may use the information for trend analysis and reporting purposes.

8 LIST OF ATTACHMENTS

1. Appendix 1- Implementation Checklist
2. [Appendix 2 - User Access Request and Confidentiality form](#)
3. [Appendix 3 - Approval to create or remove a SCR record](#)
4. [Appendix 4 - SCR Summary Statement](#)
5. [Appendix 5 - Recruitment Risk Assessment Template](#)
6. [Appendix 6 - Review of SCR record template](#)

Appendix 1: Implementation checklist

Assessed by:	Date of Assessment:		
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1.The NSW Health organisation has included in all recruitment and appointment processes the step to check the Service Check Register and to conduct risk assessments where any SCR records are identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
2.Responsibility and accountability for the Service Check Register is clearly stated in position descriptions and incorporated into performance reviews as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
3.Procedures are in place to regularly review SCR records, and to monitor and address any unnecessary investigation delays impacting on the SCR record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
4.Procedures for managing misconduct include consideration of the Service Check Register in accordance with this policy, including appropriate delegations, record keeping and use of the templates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
5.There is a process for escalation and review of SCR records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
6.Compliance with the SCR Policy is included in the agency's internal audit plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		

**SERVICE CHECK REGISTER FOR NSW HEALTH
User Access request and Confidentiality Undertaking**

I accept and acknowledge that as an account user of the Service Check Register (SCR), for the NSW Health organisation ,

I have duties in relation to the use, handling and confidentiality of information I obtain in the course of my duties as a Human Resource/Workforce Officer. In particular:

1. I will not:
 - a. make improper use of or misuse information acquired in the exercise of my functions and duties;
 - b. disclose information acquired in the course of the exercise of my functions and duties unless such disclosure is authorised by the Chief Executive or delegate(Director-General or delegate for MOH); or
 - c. share my user account details with another person.
2. I will:
 - a. take care to maintain the integrity and security of any information acquired by me or provided to me in my role as an employee;
 - b. adhere to the requirements of the “Service Check Register for NSW Health” Policy Directive;
 - c. have access to information regarding records across the NSW Health Service and the Ministry of Health; and
 - d. be audited on my use of the SCR.

Signature of Account User: _____ Dated: _____

ACCOUNT USER DETAILS

Name: _____ Job Title: _____

Telephone: _____ Email: _____

Read Only Read / Write System Administrator

ENDORSEMENT I endorse the application by the above user to access the SCR.

Name of Director Workforce or delegate: _____

Signature of Director Workforce or delegate: _____ Dated: _____

AUTHORISATION I authorise the above applicant to be given access to the SCR.

Name of Chief Executive(Director-General for MOH) or delegate _____

Signature of Chief Executive (Director-General for MOH) or delegate _____ Dated: _____

Email completed form to HealthShare NSW, Employment Screening & Review Unit at esruenquiries@hss.health.nsw.gov.au. For any queries, call 8848 5175.

**Service Check Register for NSW Health -
Approval to Create or to Remove a Service Check Register Record**
Name: _____ Reference: _____



Instructions:

1. This form must be used in accordance with the requirements of the Service Check Register (SCR) for NSW Health Policy Directive and must be used whenever a SCR record is to be created or removed.
3. Part A, Part D and Part E must be completed, and either Part B or Part C.
4. This form must be kept by the NSW Health organisation on the Investigation file.

Part A: Details of the staff member

Family Name	
Given Name	
Middle Name	
Any Aliases	
Gender	
Date of Birth	
Employee number	
Employer Reference Number (if applicable)	
Employment type	Agency /Casual (staff) /Contract (VP)/Permanent /Temporary
Staff member's position or role	
Health professional registration number and type	
Date the staff member is to be/has been informed of creation/removal of SCR record	

Part B: Summary of the reasons for the creation of the SCR record (must include details of alleged/substantiated misconduct and administrative, remedial or disciplinary decision and how the decision relates to risk management and the relevant criteria in Section 4.3 of the SCR policy)

Health organisation contact person for SCR Record:

Investigation finding

Alleged misconduct – finding still pending: Substantiated misconduct:
 Date of finding:

Outcome

Pending Contract non renewal (includes decision not to use person's services)
 Disciplinary action which may also include remedial action (includes transfer or restrictions but not warnings)
 Resigned disciplinary/remedial decision (person already resigned)
 Remedial action only (training & development, extra supervision, performance monitoring)
 Terminated

Risk management

Administrative action (includes alternate /restricted work /decision not to use a casual or locum): None - immediate termination
 Person has resigned - administrative action decision
 Suspended with pay
 Suspended without pay

Date of risk management decision or remedial or disciplinary decision:

Timeframe for remedial action only (for purpose of noting review date):

Date next review due (no more than *four weeks for pending matters and two years for completed matters):

*If more than four weeks is appropriate state reason

Part C: Summary of the reasons for the removal of the SCR record (Must relate to relevant criteria in Section 5.5 of the SCR policy. Relevant documentation should be attached)

1. The SCR record was incorrectly created (<i>investigation findings</i>). Provide details	<input type="checkbox"/>
2. The alleged misconduct was not substantiated (<i>investigation findings</i>)	<input type="checkbox"/>
3. The misconduct was substantiated but there is no disciplinary or remedial action (as defined in SCR policy) requiring a SCR record (<i>Outcome</i>)	<input type="checkbox"/>
4. The misconduct was substantiated but the staff member has successfully completed the remedial action - training and development, period of performance monitoring or additional supervision. (<i>risk action- risk no longer exists</i>)	<input type="checkbox"/>
5. There is no longer the risk that resulted in the creation of the SCR record - see attached risk assessment (<i>risk action</i>)	<input type="checkbox"/>

Information in italics indicates where this field is on the SCR database

Part D: Recommendation

I recommend the creation /removal of a SCR record as stated in Part B/Part C for the staff member identified above in accordance with the Service Check Register for NSW Health Policy Directive.

Name Position
Signature..... Date:

Part E: Approval

I approve the creation/removal of a SCR record for the staff member identified above in accordance with the Service Check Register for NSW Health policy, and I am the Chief Executive /delegated by the Chief Executive of /or Director General (for the Ministry) to make such a decision.

Name Position
Signature..... Date:

Next review date:

Service Check Register for NSW Health- Summary Statement

Name:

Reference:

**Instructions**

1. This form must be used to provide information about a SCR record to another NSW Health organisation, in accordance with the Service Check (SCR) Register for NSW Health policy.
2. Information provided must be accurate, factual and objective.
3. No identifying information may be given about alleged victims or any other parties involved in the alleged misconduct or investigation.
4. Any information that may not be shared with the staff member (such as a police investigation) must be clearly marked 'NOT TO DISCLOSE TO STAFF MEMBER' and the reason must be provided.
5. Complete Part A and Part B and then either Part C, Part D or Part E.
6. Complete and sign the statement at Part F
7. The providing agency must maintain a copy of this form, and any other supplementary information provided, on the staff member's investigation file.

PART A: Details of the staff member

Name of Staff Member	
Employee number	
Date of Birth	
Role (at time of SCR record)	
Facility	
NSW Health organisation	

PART B: Details of request for information or reasons for providing information

Name and position of person being provided with the information	
NSW Health organisation	
Was the information requested?	Yes / No
If yes, date of request	
Reason for request or if no request, reason for providing information.	

PART C: The SCR record is to be /has since been removed (refer to Section 5.3.1 of the SCR Policy)

<p><i>For recruitment related requests for information:</i></p> <p>No details are provided as no longer relevant for recruitment <input type="checkbox"/></p>	<p><i>For disciplinary related requests:</i></p> <p>Misconduct not substantiated – no details provided as no longer relevant. <input type="checkbox"/></p> <p>Misconduct substantiated – Part E completed. <input type="checkbox"/></p>
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Service Check Register for NSW Health- Summary Statement

Name:

Reference:

**PART D: Details of alleged misconduct (only complete for open SCR records where the finding is pending)**

Alleged misconduct (specify alleged behaviour, including dates, location, age gender etc of any alleged victims)& context of alleged behaviour	Administrative Action (including a decision to suspend or not to use the staff member's services)	Rationale for administrative action (why has the action been necessary)	Staff member aware of allegations (yes / no)	Status of investigation (expected timeframe for completion, response from staff member)
1.				
2.				

PART E: Details of substantiated misconduct (for completed SCR records where findings have been made)

Substantiated Misconduct (specify the behaviour, dates, whether work related, details of any victims such as age & gender, etc and context)	Staff member's response	Disciplinary /remedial Action (this includes a decision not to use their services or an action that would have occurred had the staff member still been in their role)	Rationale (state why the action /decision was necessary to mitigate risk. For remedial action state person's progress or status in completing it)	Date of decision	Date last reviewed
1.					
2.					

PART F: Declaration of person providing the information

I confirm that this information, including that in the attachments, is accurate and current as at [date] and that I am providing this information to [PRINT NAME, TITLE, Agency] on [DATE] in accordance with the Service Check Register for NSW Health policy requirements for the purpose of [assisting with a recruitment decision /providing information for risk management in secondary employment/assisting in a decision about disciplinary action].

Signed: Name & Position:

Telephone Number: Email:

Date:

Attachments:

**Service Check Register for NSW Health -
Recruitment Risk Assessment for Service Check Register record**



Name of preferred applicant	
Date of Birth:	
Position being applied for:	
Facility:	
NSW Health organisation	
Date of risk assessment:	

1. Summary of the SCR record – detail nature of the misconduct, whether alleged or sustained, reason for the SCR record, the role the person was in at the time.
2. Relevance to the current position– are there risks that might impact on the applicant’s ability to undertake all the key responsibilities, what are those risks and what information might mitigate the risks
3. Summary of submission provided by the applicant – attach relevant documentation, state date provided and whether verbal or in writing
4. Summary of any references or other information provided – note author, relationship to applicant, date provided, how provided.
5. Analysis of submissions, references and other information- how does the information mitigate the identified risks, i.e. consider length of time since misconduct, other employment, courses/counselling attended, change in applicant’s circumstances etc and any impact on position applied for.
6. Recommendation / Approval

Signed:Name & Position:..... Date:.....

7. Approval

Signed:Name & Position:..... Date:.....

Note: Applicant must be advised outcome of this risk assessment

SERVICE CHECK REGISTER FOR NSW HEALTH
Review of Service Check Register Record



Name of Staff Member:	
Employee number:	
Date of Birth:	
Position title:	
Facility:	
NSW Health organisation:	
Date of review:	

- Reason for review – this should relate to the criteria in Section 7.1 of the Policy.
- Summary of reason SCR record was created – including nature and seriousness of the misconduct this should relate to the criteria in section 4.3 of the Policy
- Length of time since the misconduct (noting risk of reoccurrence is reduced over time)
- Summary of last risk assessment – state date and outcome of last risk assessment and describe the identified risks and the rationale for action taken
- Summary of submissions, references or other information received – note contact made with the individual, note the author of any submissions, information or references, relationship to the applicant, date written, any contact made with the author. Identify information relevant to the previously identified risks.
- Analysis of any submissions, references or information – the analysis should consider all the points above including the length of time that has passed since the misconduct, any changes since the last risk assessment, the relevance and weight of information in relation to the risks in terms of the individual’s role at the time of the misconduct

7. Recommendation

Name & position

Signed Date.....

7. Approval

Chief Executive /Director General (for the Ministry) or delegate name & position

.....

Signed Date.....