

## Visiting Practitioner Appointments in the NSW Public Health System

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**Summary** The purpose of this Policy Directive is to set out the processes public health organisations are to apply when appointing visiting practitioners.

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Visiting Medical Officers - Radiologists - Remuneration Arrangements [PD2011\_046]

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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, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals

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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This Policy Directive may be varied, withdrawn or replaced at any time.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.

## VISITING PRACTITIONER APPOINTMENTS IN THE NSW PUBLIC HEALTH SYSTEM

### PURPOSE

The purpose of this Policy Directive is to set out the processes public health organisations apply when appointing visiting practitioners.

### MANDATORY REQUIREMENTS

All public health organisations are required to comply with this Policy Directive.

### IMPLEMENTATION

Chief Executives are required to ensure that this Policy Directive is communicated to and implemented by, Directors of Medical Services, and all staff involved in medical administration for appointment of visiting practitioners.

### REVISION HISTORY

Version	Approved by	Amendment notes
November 2016 (PD2016_052)	Deputy Secretary, Governance, Workforce and Corporate	Updated policy - rescinding both PD2015_023 and PD2011_046.
July 2015 (PD2015_023)	Deputy Secretary, Governance, Workforce and Corporate	Revision and update to 3.2 Advertising Requirements as a result of update to Health Services Regulation 2013. Update to 10.6 Meeting Visa Requirements to provide clarification about the engagement of 457 visa holders.
January 2014 (PD2014_001)	Deputy Director General - Governance, Workforce and Corporate	Revised following review to update and to clarify which remuneration arrangements applied at which facility.
February 2005 (PD2005_496)	Director General, NSW Health	New policy

### ATTACHMENTS

1. Visiting Practitioner Appointments: Procedures.

**Visiting Practitioner Appointments in the NSW Public Health System**



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**Issue date:** November-2016

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## 1 BACKGROUND

### 1.1 About this document

The purpose of this policy is to assist public health organisations when appointing visiting practitioners. It sets out the appropriate standards to be applied, and the procedural and regulatory requirements.

### 1.2 Key definitions

**Credentials** - Means the documented evidence of an individual's formal qualifications, training, experience and clinical competence.

**Credential (Clinical Privileges) Subcommittee** - Is required under the model by-laws to be established by the Medical and Dental Appointments Advisory Committee to advise on matters concerning the clinical privileges / scope of clinical practice to be granted to an applicant or practitioner.

**Dentist** - Means a person who is registered under the *Health Practitioner Regulation National Law (NSW)* in the dental profession and whose name is included in the Dentists Division of the Register of Dental Practitioners.

**Honorary Medical Officer (HMO)** - An HMO is appointed under an 'honorary' service contract to provide services for or on behalf of a public health organisation, but is not remunerated by the public health organisation for these services.

**E-recruitment System** - includes the medical and dental credentialing functionality being implemented in a staged manner for visiting practitioner recruitment.

**Medical and Dental Appointments Advisory Committee (MDAAC)** - MDAAC is a committee of a public health organisation that provides advice to the Chief Executive on the appointment of practitioners and the clinical privileges / scope of clinical practice that should be granted to those persons.

**Medical practitioner** - Means a person registered as such under the Health Practitioner Regulation National Law (NSW).

**Clinical Privileges** - Means the kind of work (subject to any restrictions) that the public health organisation determines a medical practitioner or dentist is to be allowed to perform at any of its hospitals or health services. Clinical privileges result from the credentialing process and represent the range and scope of clinical responsibility that may be exercised by an individual in a facility. Clinical privileges are specific to an individual, and also relates to the role delineation, resources, equipment and staff available in a single facility or group of facilities, also referred to as "scope of clinical practice".

**Visiting Dental Officer (VDO)** - Means a dentist appointed to provide dental services to a public health organisation as a dentist, dental specialist, or senior dental specialist.

**Visiting Medical Officer (VMO)** - Means a medical practitioner appointed under a service contract to provide services as a visiting practitioner for monetary remuneration for or on behalf of the public health organisation as a general practitioner, specialist or senior specialist.

**Visiting Practitioner** – Means a medical practitioner or dentist who is appointed, otherwise than as an employee, to practice as a medical practitioner or dentist in accordance with the conditions of appointment (including HMOs, VMOs and VDOs). The term can be applied to visiting practitioners appointed otherwise than under a service contract (i.e. who are not VMOs or HMOs).

## 2 SELECTION PRINCIPLES

### 2.1 Introduction

Public health organisations must ensure that standards of engagement set out in this document are applied to the appointment process for visiting practitioners to ensure that selection processes are fair, based on merit, and protect the interests of patients and staff and the good reputation of NSW Health.

### 2.2 Vacancy identified

Where a pending vacancy is identified appropriate action should commence promptly, taking into consideration the requirements of any relevant recruitment restrictions. To wait until a position is actually vacated can unnecessarily delay the process, and particularly in frontline positions, can negatively impact on other staff and have service delivery implications.

### 2.3 Review position / role documentation

All positions in the NSW public health system, including those to be filled by visiting practitioners, should have an accurate, up-to-date position / role description that addresses, as a minimum, the following:

- Position title (to be used in the position / role description when referring to the appointment), and remuneration arrangements
- Selection criteria
- Duties, responsibilities and accountabilities of the position
- Qualifications, skills, knowledge and experience needed in the position
- Information about the facility, department and work area
- Physical, psychological and sensory demands of the position, and if relevant how they will be assessed
- Vaccination category of the position, and mandatory vaccination requirements
- Information about the classification of the position in relation to mandatory criminal and working with children checks (refer to the NSW Health Policy PD2016\_047 *Employment Checks – Criminal Record Checks and Working with Children Checks*).

## 2.4 Selection Criteria

Selection criteria should be used to assess the suitability of all applicants for a position and must:

- Be clear and concise, and directly relate to the position
- Describe the essential requirements for the position only (not desirable requirements)
- Outline the minimum skills, knowledge and experience required to perform the inherent requirements of the job
- Have no more than eight and no fewer than three criteria.

## 3 Advertising Requirements

### 3.1 Appointments without advertising

#### 3.1.1 Short-term Temporary Appointments

Temporary appointments of visiting practitioners can be made without the need to advertise the vacancy where the appointment is for a period not exceeding three months, which can be extended for one further single three-month period.

#### 3.1.2 Reappointment

For VMOs and VDOs only, advertising of positions is not required in circumstances where:

- The role and responsibilities for the VMO / VDO remains largely unchanged since their original appointment, and
- There has been a Level 2 review of the VMO / VDO in the penultimate year of the term of their appointment, and
- The performance has been found to be such as to warrant renewal without advertising, and
- The public health organisation has decided that it is appropriate to appoint a specialist VMO / VDO with an existing appointment; for a further term (refer to NSW Health Policy Directives PD2011\_010 *Visiting Medical Officer Performance Review Arrangements* and section 3.2 below and PD2013\_013 *Visiting Dental Officers Remuneration and Contract Requirements* respectively).

Public health organisations have discretion to apply the performance review arrangements set out in PD2011\_010 to general practitioner VMOs.

#### 3.1.3 Recruiting Difficulties

A request in writing can be made to the Executive Director, Workplace Relations Branch, as a delegate of the Secretary, at the NSW Ministry of Health for approval to appoint without advertising where:

- There have been difficulties recruiting medical staff in a location
- Attempts to recruit a suitable person have been unsuccessful



- A suitable person subsequently becomes available.

### 3.1.4 Where advertising of vacancy is not necessary

It is possible by way of a determination to waive the requirement to advertise a visiting practitioner vacancy in other circumstances. For example, determinations have been made that there is no requirement to advertise for HMO appointments or where visiting practitioners are appointed other than under a service contract. Enquiries about not having to advertise vacancies can be directed to the Workplace Relations Branch of the NSW Ministry of Health.

## 3.2 Advertising requirements

As required by the *Health Services Regulation 2013*, visiting practitioner appointments must be advertised in at least one of the following: a newspaper circulating generally in New South Wales or in an employment site affiliated with such a newspaper, or in the website <https://nswhealth.erecruit.com.au>. The <https://nswhealth.erecruit.com.au> website is the preferred option.

In addition to these mandatory advertising requirements, the availability of VMO appointments may also be advertised in other ways. Positions should be advertised in a cost effective manner, while still containing enough information to attract and inform the field of potential applicants. All advertisements for VMO positions should include contact details for further information and a closing date.

## 4 MANAGEMENT OF APPLICATIONS

### 4.1 Position information package

In addition to the information outlined in section 2.3 above about position / role documentation, potential applicants must be advised of the following:

- The requirement to include a statement setting out current appointments and the clinical privileges / scope of clinical practice held at any other public health organisation or other health service providers, and a statement setting out the clinical privileges / scope of clinical practice sought by the applicant
- The need to nominate two referees to allow information to be obtained about the applicant's past performance as a medical or dental practitioner
- The model contract provisions
- Information about the role delineation of the facility or facilities to which the appointment is proposed
- The location of the appointment, including any requirement to work at other facilities in the public health organisation
- The need explicitly to address all the selection criteria, and include an up to date CV showing work history covering as relevant the last 10 years
- The need to provide an MED number or if not currently registered, to provide evidence of current eligibility for registration with the Medical Board of Australia or the

#### Dental Board of Australia

- The need to be able to comply with the service objectives of the public health organisation, and work in a co-operative and collegiate fashion as a member of a team in achieving those objectives
- The requirement to participate in performance review processes
- Any mandatory physical, psychological or sensory requirements necessary to perform the inherent requirements of the job
- That a check against the NSW Health Service Check Register will be undertaken on all preferred applicants, consistent with Policy Directive PD2013\_036 *Service Check Register for NSW Health*
- The requirements for applicants to provide 100 points of identification and to consent to NSW Health conducting a National Criminal Record Check, and for preferred applicants to obtain a Working with Children Check clearance from the Office of the Children's Guardian.
- The application form (or eRecruit application process) that needs to be used
- An address for forwarding applications and the closing date for applications, where the applicant is not using eRecruit.
- The information that will be required to be brought to an interview, such as proof of identity.

The information package must also include a copy of, or a link to:

- The eRecruit document 'Information for applicants' The NSW Health Code of Conduct
- The NSW Health Policy Directive PD2011\_005 *Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases*
- The Standard Employment Checking Consent Form (also applicable to visiting practitioner appointments), which authorises NSW Health to obtain relevant information from the NSW Health Care Complaints Commission, and to undertake reference checks, additional past performance checks and confirmation of qualifications
- The Health Declaration Form
- The NSW Health National Criminal Record Check Consent Form and 100 Point Identification Checklist, and the NSW Health Criminal History Declaration
- How to obtain a Working with Children Check clearance from the NSW Office of the Children's Guardian
- Information for overseas applicants in relation to overseas criminal record check requirements, and how to apply for the Working with Children Checks.

## 4.2 Approval to engage a recruitment consultant

Recruitment companies may be used to assist in recruiting to any visiting practitioner positions.

Where efforts to appoint a visiting practitioner from within Australia have been exhausted, any overseas recruitment agency must be selected from the Panel of Overseas Recruitment Agencies (PORA), which are authorised by the NSW Ministry of Health to provide overseas recruitment of health professionals.

### 4.3 Responding to applications

All applicants must:

- Have their application dated on receipt (this can be electronic dating) Receive an acknowledgement of receipt of their application (this can be an automated email)
- Be advised if the selection process has been delayed or is not to go ahead.

A grace period of 24 hours must be provided for the receipt of applications to cater for unforeseen or unavoidable delays in mail, fax or email.

Late applications should not be accepted after interviews have started, except in the most exceptional cases. When deciding whether it is appropriate to accept a late application, some of the relevant considerations would include:

- The reason for the late application e.g. mail delays, family or work issues
- Whether the application was sent before the closing date
- Whether the applicant obtained an extension from the convenor prior to the closing date
- The quality of the field of applicants and the likelihood of being able to fill the position.

Any decisions around accepting late applications must be applied fairly to all late applications and the reasons recorded with the other documentation about the selection process.

## 5 ROLE OF THE MEDICAL AND DENTAL APPOINTMENTS ADVISORY COMMITTEE (MDAAC)

The model by-laws require the Board of a public health organisation to establish a committee which has the function of advising the Chief Executive, or authorised decision maker, in relation to the appointment of a person as a visiting practitioner and the clinical privileges / scope of clinical practice that should be granted.

The model by-laws also require the MDAAC to establish a Credentials (Clinical Privileges) Subcommittee, to provide advice on all matters concerning the clinical privileges/scope of clinical practice of visiting practitioners.

Applications for visiting practitioner positions for over six months must be in writing, which includes eRecruit, and must be referred to the MDAAC, and in turn to the Credentials (Clinical Privileges) Subcommittee.

### 5.1 Interview subcommittee

The MDAAC commonly establishes an interview subcommittee (selection panel) to manage the selection process. The composition of the panel will vary depending on

the scope and nature of the position to be filled. The Credentials (Clinical Privileges) Subcommittee can perform that role, in conjunction with undertaking the role of providing advice as to the clinical privileges / scope of clinical practice for the successful applicant.

The following requirements must be met:

- As the minimum, the selection panel must have two members, one of whom is the designated convenor (or the chairperson of the Credentials (Clinical Privileges) Subcommittee)
- The selection panel must include people with sufficient knowledge and understanding of the needs of the facility or facilities to which the proposed appointment relates. The panel may include a member of the MDAAC (but must include two members of the MDAAC where the Credentials (Clinical Privileges) Subcommittee will constitute the selection panel). The selection panel may also include:
  - A representative from the relevant health facility or facilities or public health organisation management
  - A representative from the relevant clinical department or unit.
- There should be an independent from another public health organisation, or if such a person is not conveniently available, a person independent of the facility or the reporting structure within which the position is placed
- For a specialist position, a person practising in the relevant speciality or sub-specialty, must be on the panel
- There should be at least one male and one female
- The convenor should have completed recruitment and selection training, or refresher training, in the last three years
- Panel members should, as far as practicable, hold positions that are more senior than the position being filled
- Any conflicts of interest must be declared and managed / discharged as necessary and documented.

Examples of possible conflicts of interest include a member of a selection panel who has a competing practice or who is in the same practice as the applicant. Options to address such conflicts may include:

- Adding an additional panel member so there are two independent panel members
- Limiting the contribution of the panel member, such as by contributing to discussion only as a subject expert, but not take part in decision-making, or
- Replacing the panel member.
- The position / role description, advertisement, selection criteria, and all applications and assessment information, must be available to all panel members.

It should be noted that there is no impediment to a selection panel member acting as referee for an applicant. However, selection panel members should declare workplace relationships.

## 6 SELECTION PROCESS

The selection process leading to appointment as a visiting practitioner will include:

- Consideration of written applications to determine those applicants to progress through the selection process
- Further assessment of an applicant's suitability, usually via an interview. Other methods of assessment may be used
- Conducting all mandatory verifications
- Determining clinical privileges / scope of clinical practice
- Making a recommendation to the Chief Executive or authorised decision maker.

### 6.1 Role of the convenor

The convenor is responsible for ensuring that:

- All the requirements set out in this document are met, the relevant checking and vetting occurs, and any conflicts of interest are appropriately resolved
- The required Critical Actions Compliance Declaration (CACD) sign off occurs, confirming all critical actions have taken place, prior to the appointee commencing work (see **Appendix 1**).

### 6.2 Role of the independent

The independent selection panel member is responsible for confirming that the selection process is fair. Therefore, they must have no direct interest in the outcome of the selection process, be from either another reporting structure or public health organisation or external to the NSW public health system, and not be in a position to be unduly influenced by other panel members.

All selection panel members are required to declare any real or potential conflict of interest as soon as they become aware of it e.g. close personal relationship or previous workplace conflict with an applicant.

### 6.3 Conducting the cull

When culling applications, the following requirements must be met:

- All selection panel members must have access to copies of all applications and any supporting documentation, and the selection criteria and position description
- Information must be assessed in a fair and consistent manner, with a common understanding of the standard required of applicants
- Applications are culled based on selection criteria only (for multiple applications, further comparative culling can occur based on compliance with the selection criteria)
- The reasons for culling an application are documented
- All selection panel members must agree on the applicants to be culled (where

agreement cannot be reached a minority report must be made to the decision maker prior to the recruitment process continuing).

#### 6.4 Further assessment of applicants (including for Area of Need positions)

Once the cull has been completed, assessment methods to determine who, of the remaining applicants, is the most suitable for the position can vary but would usually include an interview involving direct contact with the applicant, either face to face or via telephone or any other videoconferencing medium. Face to face or videoconference / Skype interviewing should be used as the preferred approach, wherever possible, as they allow for visual identification of the applicant who is providing responses to the selection panel's questions. Applicants to be interviewed must be:

- Given at least three days' notice, unless it is mutually convenient to schedule the interviews sooner
- Advised of the names and titles of the members of the selection panel
- Advised what documentation they are required to bring to interview.

For Area of Need positions, there should be a specific assessment of the applicant's clinical competence and/or medical knowledge.

### 7 THE INTERVIEW PROCESS

Interview questions must be related to the selection criteria and job / role description. A common set of initial questions should be asked of all applicants. Follow-up questions exploring issues raised by the applicant or eliciting further information are appropriate.

The task of the selection panel is not to determine which applicant does best at interview, but rather it is to use the interview as part of a process to identify who is or are the most meritorious applicant or applicants having regard to the totality of available material before the selection panel about an applicant, including past performance, experience and referee reports.

#### 7.1 Sight / collect mandatory documentation

At the time of interview, original mandatory documentation must be sighted and details recorded for the following:

- Documentation necessary to support the NSW Health 100 Point Identification Checklist available from the NSW Health intranet <http://internal.health.nsw.gov.au/jobs/empchecking/index-empchecking.html> must be fully completed by the person sighting the documentation. The documentation must be checked against the applicant's completed National Criminal Record Check consent form.
- The applicant's Working with Children Check clearance number (if not already provided and if not subject to any exemptions) - refer to NSW Health Policy PD2016\_047 *Employment Checks – Criminal Record Checks and Working with Children Checks* Citizenship/residency or working visa status (the details must be

recorded on the 100 point ID Checklist).

- Acceptable evidence of the required protection against specified infectious diseases, such as New Recruit Undertaking / Declaration, and TB Assessment, Vaccination Record Card or Certificate of Compliance, must be sighted and copied.
- Any necessary documents establishing citizen / residency / visa status.

It is not necessary to sight qualifications that have been used to gain registration as these will be shown on the AHPRA website. Where an applicant is not yet registered or holds additional qualifications to those shown on the AHPRA website, or the AHPRA registration is not clear about qualifications held, original documents only should be copied and copies certified by the person sighting the originals on behalf of the public health organisation.

Where there are multiple interviews, it may be more practical to confirm registration status and sight any original documents (or certified transcripts) to confirm eligibility of each applicant for the position, but defer copying and certifying until preferred applicants are determined. These activities must take place prior to any recommendation to appoint an applicant to a position.

Where originals of tertiary qualifications are unavailable, academic transcripts certified by the educational institution are acceptable.

For other documentation where the original is not readily available, certified copies may be considered. Verified credentials should be added into the eRecruit system where the system is being used.

The following documentation from applicants must also be collected at interview (if not already provided via the declarations in the eRecruit system):

- Signed [NSW Health National Criminal Record Check consent form](#) (with details to be checked against the 100 points of ID)
- Signed health declaration form (note that while the health declaration form may be collected at interview it is to be sealed in an envelope and must only be considered once an applicant is being offered the position)
- Signed Standard Consent for Employment Related Checks (also applicable to visiting practitioner appointments notwithstanding the fact that they are independent contractors rather than employees)
- Overseas criminal record checks for overseas applicants which are required in accordance with NSW Health Policy PD2016\_047 *Employment Checks – Criminal Records Checks and Working with Children Checks* (note that while this information may be collected at interview, it is to be sealed in an envelope and should not be considered until a person has been selected as a preferred applicant).

The applicant may also provide at interview a signed NSW Health Criminal History Declaration (note while this information may be collected at interview, it is to be sealed in an envelope and should not be considered until a person has been identified as a preferred applicant).

## 7.2 Confirm referee details

All applicants for visiting practitioner vacancies must nominate at least two referees.

Where the applicant already holds a visiting practitioner position in NSW Health, at least one of the referees should be a person with a management or oversight role in respect of the applicant such as the head or director of the relevant unit or hospital department, or the Director of Medical Services or hospital general manager / executive director, as relevant.

Where an applicant declines to nominate a suitable referee, or contact is not able to be made with the referee, the applicant should not be automatically excluded from the application process. However, the key question for the selection panel is whether, in the absence of such a reference check, the selection panel is still able to assess whether the applicant is the most appropriate person for the position.

Therefore the applicant must be:

- Advised that the purpose of a reference check is to help verify current information relevant to their claim to the position, and any relevant conduct or performance issues
- Advised that because of this, a reference check with the director of the relevant unit or hospital department, or the Director of Medical Services or hospital general manager/executive director, is NSW Health policy
- Given the opportunity to discuss reasons with the selection panel for any refusal.

Depending on the circumstances, the selection panel may decide to give the applicant the opportunity to provide alternative referee / s. However, the applicant must be advised that if referees are unable to provide up to date advice about an applicant's claims for the position and about recent past conduct and performance, the application may not be assessed further.

All referees must be in a position to comment fairly and objectively on the applicant's clinical skills and experience, and ability to comply with the selection criteria.

## 7.3 Determine preferred applicants

When the assessment process has been completed, the selection panel must analyse all information and identify preferred applicant(s) for the position. It is usually at this point that reference checks are conducted, and any outstanding verification/checking activities are completed.

Applicants should be considered in light of:

- Their ability to meet the selection criteria and proposed scope of clinical practice for the advertised position
- Their qualifications and experience
- Current and past performance
- The service delivery requirements of the relevant facility / public health organisation



- The capacity of the applicant to work effectively as a member of a team to achieve the corporate goals of the public health organisation.

Where an applicant's work history contains blank periods, these should be explored further with the applicant. Supporting documentation may be required in some instances and any issues should be followed up in reference checks.

## 7.4 Verify information

The Critical Actions Compliance Declaration (Appendix 1) provides a checklist of the critical actions required to be undertaken, including undertaking referee checks and verifying registration status using the AHPRA website, as well as verification of Working with Children Checks clearances with the Children's Guardian, prior to any recommendation being made for appointments. Recommendations may be made for the emergency conditional appointment of overseas or interstate medical practitioners (refer to section 8.3), subject to verifying compliance with PD2016\_047 *Employment Checks – National Criminal Record Checks and Working with Children Checks* as well as registration and visa status requirements.

All the relevant information about an applicant's qualifications, experience, registration status and past performance must be appropriately and independently verified i.e. a selection panel member's past knowledge of an applicant will not be sufficient.

All sections of the Critical Actions Compliance Declaration (Appendix 1) must be completed where an appointment is longer than three months (which can be extended for a further 3 months). The selection documentation must include confirmation that all relevant checks took place, and any findings of significance.

## 8 TEMPORARY APPOINTMENTS OF LESS THAN 6 MONTHS

### 8.1 Less than 1 week

Where the temporary appointment of a visiting practitioner is for a period not exceeding one week the following information must be verified by the Chief Executive or the authorised decision maker prior to the commencement of duties:

- 100 point Identification Check, has been completed and citizen/residency/visa status established as appropriate
- A National Criminal Record Check has been undertaken, and where required, a risk assessment has been completed (unless a decision has been taken that one is not required refer to the NSW Health Policy PD2016\_047 *Employment Checks – Criminal Record Checks and Working with Children Check*)
- A Working with Children Check clearance has been verified with the Children's Guardian (unless an exemption applies – refer to the NSW Health Policy PD2016\_047)
- Registration status has been confirmed through the AHPRA website, including the identification of any practice conditions
- Evidence of medical indemnity cover sighted, where required

- At least one reference check has occurred
- A check against the NSW Health Internal Service Check Register has been carried out, and where necessary a risk assessment has been completed
- A specialist in the relevant specialty was involved in determining the scope of practice.

Critical actions 1.1 to 1.9 in the Critical Actions Compliance Declaration (Appendix 1) must be completed and the Declaration signed by Chief Executive or the authorised decision maker.

Where an appointment originally planned for one week only is subsequently extended beyond one week, all the remaining critical actions outlined in Appendix 1, for a temporary appointment over one week and less than three months (which can be extended for a further three months), must be completed.

## 8.2 Over 1 week but less than 3 months

For any temporary appointment beyond one week, but less than three months with an extension for one further single three month period is available, critical actions 1.1 to 1.14 of the Critical Actions Compliance Declaration (Appendix 1) must be completed, and signed by the Chief Executive or authorised decision maker.

Provided the required sections of the Critical Actions Compliance Declaration (Appendix 1) are completed, it is not necessary to complete the remainder of the Declaration for *temporary appointments beyond 1 week but less than 6 months*.

## 8.3 Emergency situations

In an emergency situation a visiting practitioner can be appointed and commence work prior to completion of the Working with Children Checks or National Criminal Record Checks (refer to PD2016\_047 *Employment Checks – Criminal Records Checks and Working with Children Checks*).

In such situations, a Working with Children Check application number must be provided within five days of the commencement of work.

In all circumstances, registration must be verified through the AHPRA website prior to commencement.

## 8.4 Documentary evidence of checks

Documentary evidence that all relevant checks took place, and any findings of significance, must form part of the selection documentation. Additionally the relevant section of a Critical Actions Compliance Declaration should be completed by the Convenor, or in the case of temporary appointments, the authorised decision maker (see Appendix 1).

## 8.5 Re-verifying information for temporary appointments

Other than criminal record checks, initial checks are not required to be repeated for a future temporary appointment (beyond one week) of someone who has already undergone the mandatory checks as part of a previous temporary appointment **unless** there is a gap of more than three months or there is reason to suggest that any relevant circumstances of the individual have changed. (Initial checks are also not required to be repeated in the circumstance where a visiting practitioner is subsequently appointed for a period of more than six months.)

## 8.6 Referral to the MDAAC

Public health organisations frequently institute procedures for all visiting practitioner temporary appointments of less than six months to be referred to the MDAAC so that there is a central record of all visiting practitioner appointments.

## 9 CONDUCTING REFERENCE CHECKS

The purpose of reference checks is to confirm the claims made by the applicant, as they relate to the selection criteria, explore any particular issues arising from the interview or assessment process, and provide information about the previous history and experience of an applicant. For these reasons, it is not advisable to seek reference reports prior to interviewing an applicant.

Two reference checks are to be conducted for all appointments (other than temporary appointments of less than three months). Where two referees are not provided, the applicant should only be recommended if the subcommittee can verify the applicant's claim for the position through other reference checks and is satisfied the applicant as the most suitable for the position.

Additional reference checks may be necessary where the selection panel is not fully satisfied with the results of the two minimum checks, or they wish to explore additional issues or further confirm information about an applicant. In these circumstances applicants must be asked to provide details of additional referees.

The person conducting the reference checks must have a good understanding of what information is required and be competent in exploring issues further, including clinical issues where relevant, and interpreting responses.

In instances where agencies from the Panel of Overseas Recruitment Agencies (PORA) are being used public health organisations are required to review the reference reports prepared by the agency, and make direct contact with the referee to confirm their identity and relationship to the applicant, and further explore any matters arising from the information contained in the reference report where necessary.

All reference checks must be conducted in a structured manner, based on a set of questions approved by the selection panel seeking specific information about:

- The current knowledge, skills, competence and experience of the applicant as they related to the selection criteria
- Any other significant claims made by the applicant in relation to the position

- Recent past performance and professional conduct of the applicant
- Any issues or concerns related to the skills, competence and experience identified during the application or interview process.

The Reference Checking Template (Appendix 2) sets out minimum requirements when conducting reference checks. All referees must be advised that information obtained from them, when incorporated into the selection panel report, may form part of the feedback provided to unsuccessful applicants.

The selection panel may conduct any other appropriate enquiries about the applicant in order to inform their decision-making about an applicant, including with any public health organisation where the applicant currently holds appointment. Any material relied upon to reach a decision derived in this manner should be documented.

The request for Working with Children Check clearances is not required until after the conclusion of satisfactory reference checks and any other enquiries.

As far as practical, all reference checks should be conducted orally with each referee. Responses to each question should be recorded in writing and maintained with the selection papers, along with full name of the referee, contact details, position and relationship to the applicant.

Written (including electronic) references are only to be accepted under the following circumstances:

- Due to time differences and / or work commitments, detailed phone reference checks are proving difficult to arrange with the referee / s, or if the person conducting the reference check is having difficulty understanding responses to the questions because English is not the first language of the referee **and**
- Direct, verbal contact has been made with the referee, their identity has been confirmed, and their relationship to the applicant has been confirmed.

Reference questions may then be emailed to the referee, with the advice that they need to be completed with appropriate detail, and be returned to the person responsible for the reference checks within an agreed time.

The reports on reference checks should be considered prior to any recommendation being put forward by the selection panel and written records should be retained with the selection documentation.

## 10 APPLICANT SELECTION PROCESS

### 10.1 Determining clinical privileges / scope of clinical practice

The determination of clinical privileges / scope of clinical practice assesses a visiting practitioner's ability to provide defined clinical services and to match that with the role delineation of the relevant facility as well as staffing, facilities equipment and support services available at the facility.

The Credentials (Clinical Privileges) Subcommittee must have regard to the following information in determining the clinical privileges/scope of practice:

- The delineated role of the facility / facilities
- The clinical privileges / scope of clinical practice currently granted for the applicant in any other facility / facilities
- The position / role description, the application, an applicant's CV and any other documentation submitted in support of the application.

Interim clinical privileges / scope of clinical practice, granted as part of a temporary appointment, must be determined in consultation with a medical practitioner from the relevant speciality / sub-speciality, and approved by the Chief Executive or authorised decision maker.

## 10.2 Determining clinical privileges / scop of clinical practice for Area of Need applicants

The process for determining the clinical privileges / scope of clinical practice for persons for Area of Need positions is the same as for other appointments. There is a difference however in the registration of such applicants.

Public health organisations need to determine the proposed clinical privileges / scope of clinical practice for an Area of Need Applicant. The Medical Board of Australia must have conferred limited registration on an applicant before that person can be appointed. The public health organisation needs to ensure that the services provided by the visiting practitioner are consistent with the conditions of the limited registration.

## 10.3 Timing

There is no standard practice about the stage at which applications should be referred to the Credentials (Clinical Privilege) Subcommittee where that subcommittee did not act as the selection panel. It is able to be done prior to interview to ensure that an applicant who is unable to undertake the role required by the facility is not recommended for appointment.

Where the composition of the MDAAC or selection panel and the Credentials (Clinical Privileges) Subcommittee is the same, or substantially similar, it may be preferable to ensure they convene consecutively or deal with selection process and the setting of clinical privileges/scope of clinical practice concurrently.

## 10.4 Mandatory Background Checks

A NSW Health internal service check via the NSW Health Service Check Register ('SCR') will be conducted prior to any offer of appointment.

A SCR record does not necessarily preclude a person from being engaged. If the SCR record indicates that there may be risks relevant to the role for which the applicant has applied, the applicant must be contacted and a risk assessment completed.

The identification of a SCR record must be managed by persons with experience in undertaking recruitment risk assessments and in accordance with the requirements of the current NSW Health Policy PD2013\_036 *Service Check Register for NSW Health*.

Working with Children Checks and National Criminal Record Checks are required in accordance with the NSW Health Policy PD2016\_047 *Employment Checks – Criminal Record Checks and Working with Children Checks*.

The person's Working with Children Check clearance must be verified with the Office of the Children's Guardian.

A criminal record identified in a National Criminal Record Check does not necessarily preclude a person from being engaged. If the criminal record indicates that there may be risks relevant to the role being applied for, the applicant must be contacted and a risk assessment completed.

The identification of a criminal record must be managed by persons with experience in undertaking recruitment risk assessments and in accordance with the requirements of NSW Health Policy PD2016\_047.

The outcomes of a check against the Service Check Register, criminal record checks, checks of registration status with the registering authority and any checks with the Health Care Complaints Commission, references and any other past performance checks must be assessed and any appropriate risk management action, as required by the relevant policies, taken prior to a formal job offer.

Where the registration status includes conditions these must be assessed as part of the selection process in respect of such issues as the capacity of the public health organisation to provide the necessary supervision etc, with the outcome documented and compliance monitored in line the NSW Health policy (PD2008\_071 *Medical Practitioners: Compliance with Registration Conditions*).

When checking an applicant's complaints history or professional performance issues with the registration authority (and where a check is made with the HCCC), information should be sought on whether there is any pending disciplinary action involving the applicant and the outcomes of any formal disciplinary investigations.

Where the applicant has previous substantiated allegations, or disciplinary action is pending, a risk assessment needs to be conducted to determine if there is an acceptable risk for the public health organisation in employing the applicant.

Where a risk assessment determines that the engagement of a person is liable to create a significant risk to the public health organisation, this assessment must be used as part of the decision making process for the selection panel. The documented risk assessment must also be provided to the final decision maker.

Where required by the position, and if not already conducted, the relevant health assessment of the preferred applicant must also be conducted prior to a formal offer. If the health assessment finds that a preferred applicant does not meet the inherent job requirements of the position because of disability / impairment, consideration must be given to whether a reasonable adjustment can be made to the position to allow the applicant to carry out the inherent requirements.

It is contrary to NSW anti-discrimination legislation to check general health or exclude applicants on the basis of a health condition, illness or disability that is not relevant to their ability to undertake the demands of the job.

## 10.5 Making recommendations

Once all necessary verification activities and reference checks have been undertaken and assessed, the proposed clinical privileges / scope of clinical practice determined and the preferred applicant(s) confirmed, the selection panel and the Credentials (Clinical Privileges) Subcommittee need to make a report to the Chairperson of MDAAC which:

- Identifies the composition of the subcommittees
- Describes the material available to those making the recommendations
- Puts forward the final recommendation or recommendations and the basis on which they were made.

As part of this process the following information must be available to the MDAAC:

- Number of vacancies advertised
- Number of applicants for each position
- Positions description, advertisement and selection criteria
- Access to the entire written application, including supporting documentation, of each applicant under consideration
- The outcome of the verification activities for the recommended applicants, such as reference reports
- The proposed clinical privileges / scope of clinical practice.

The Chairperson of MDAAC in turn makes a recommendation to the Chief Executive or authorised decision maker on the preferred applicant(s) for appointment, and the clinical privileges / scope of clinical practice. The decision maker must have access to all the written applications and the supporting information on which a decision was made. The Chairperson must also complete the relevant sections of the Critical Actions Compliance Declaration confirming that the required critical actions have been undertaken prior to the recommendation being made (see Appendix 1).

## 10.6 Meeting visa requirements

A person who is not an Australian citizen or a permanent resident is only eligible for temporary appointment for a period not longer than the duration of their current visa. The letter of offer of appointment to such an applicant must specify that it is on a temporary basis and not guaranteed beyond the specified end date, notwithstanding that the successful applicant's visa may be for a longer time period.

Employer Sponsored Visa Programs, such as subclass 457 visas, are intended to fill shortages that cannot be filled from the local labour market. The appointment of a subclass 457 visa holder can only occur if no local suitable applicant has been identified after an appropriate recruitment process. Most categories of medical practitioner who hold subclass 457 visas are able to be engaged as visiting practitioners (that is they do not have to be engaged as employees).

Where a subclass 457 visa is extended, the temporary appointment is able to be extended for that period.

### **10.7 Alternative and minority reports**

If a selection panel is unable to reach a unanimous decision, the panel member/s in disagreement should prepare an alternative report (two member panels) or a minority report (where there are more than two members on a panel) detailing areas of disagreement and provide an alternative recommendation, where appropriate. The alternative or minority report is to be submitted to the decision maker along with the panel's final report.

## **11 APPOINTMENT PROCESS**

### **11.1 Approval to appoint**

If the decision maker overturns a MDAAC recommendation, this must be documented in a manner that clearly explains the decision making process.

### **11.2 Make the formal offer of appointment**

Applicants should be advised that any engagement in a public health organisation is conditional on their agreement in writing to abide by the provisions in the NSW Health *Code of Conduct*.

Once all mandatory standards in this policy have been met, and the Chief Executive or authorised decision maker has completed the relevant sections of the Critical Actions Compliance Declaration (see Appendix 1), a formal offer of appointment may be made to the successful applicant(s).

### **11.3 Where an offer is declined**

Where the successful applicant declines the offer, critical actions (see Appendix 1) can be initiated for the next ranked applicant.

### **11.4 Advising unsuccessful applicants**

Once the successful applicant has accepted the offer of appointment, all other applicants must be advised in writing that their application was not successful, and contact details provided (usually the convenor of the selection panel) for use if they wish to seek feedback on why their application was unsuccessful.

A decision may be made to advise, at an earlier stage, applicants who did not meet the selection criteria that their application is not moving on to the next stage of the recruitment process.

If an applicant is placed on an eligibility list, the letter must include this advice, along with the period of time that the eligibility list will remain current (usually 12 months from date of creation).



## 11.5 Post selection feedback

In circumstances where section 13 below does not apply, if an unsuccessful applicant requests feedback on their application, such feedback should be provided, usually by the convenor of the selection panel, and a record of the feedback kept with the selection papers.

Feedback must:

- Take account of relevant information used to make a decision about the applicant and
- Be provided in a constructive and useful way.

## 12 DOCUMENTATION AND RETENTION OF RECORDS

All recruitment and selection related records must be retained (either in paper form or electronically) in line with the requirements of Recruitment Records Checklist (Appendix 3).

In accordance with the *Privacy and Personal Information Protection Act 1998*, all selection documentation related to personal information about the job applicants must be treated confidentially both by the selection panel and other staff involved in managing the recruitment and selection process. All related documentation must be stored securely.

## 13 GRIEVANCES

Any grievances by existing visiting practitioners about aspects of the appointments process should be dealt with under a public health organisation's grievance processes.

## 14 APPEALS AGAINST CERTAIN DECISIONS

Section 105 of the *Health Services Act 1997* provides that if a public health organisation does not re-appoint a person as a visiting practitioner it must give notice in writing to that person of its decision (and the reasons for that decision) within 14 days of the date of the making of the decision.

Section 106 of the Act provides that a person who is dissatisfied by such a decision may appeal to the Minister. There is no right of appeal in the event of a failure to gain an initial appointment as a visiting practitioner.

## 15 APPOINTMENTS

VMOs are not to commence work under any circumstances without entering into a written service contract.

### 15.1 Terms of Appointment for Visiting Practitioners

Visiting practitioners can be appointed or re-appointed for any specified period not exceeding five years as may be determined by the public health organisation.

A person may be appointed as a visiting practitioner for a period exceeding five years, but not exceeding 10 years if the Secretary in the particular circumstances of the case, approves the additional period of appointment.

## 15.2 Reappointment of VMOs

Visiting practitioners are eligible for, but not entitled to, re-appointment. Section 3.1.2 deals with situations where it may not be necessary to advertise vacancies. It is not obligatory to interview visiting practitioners who are being reappointed without advertising

Persons applying for advertised vacancies may be new applicants or existing appointees, and the application process is the same in both cases.

Visiting practitioners must be informed that past performance will be taken into account, and be asked to complete the required authorities for these checks to occur.

Previous service with a public health organisation should be regarded as a relevant and major factor when considering an applicant's application for re-appointment. For the avoidance of doubt, the previous service which can be taken into account includes service and conduct which occurred subsequent to performance reviews being undertaken but prior to the selection process. It can also include matters which are relevant to the suitability of an applicant for reappointment which were not addressed in any previous performance reviews. However, in such circumstances, the matters should be raised with the applicant who should be given an opportunity to respond.

Where there is no other applicant for a position or the number of applicants is less than or equal to the number of advertised positions, and it is possible for the MDAAC to rely on the visiting practitioner's past satisfactory performance, there is no mandatory requirement to interview the visiting practitioner for re-appointment. However the matter still needs to be referred to the Credentials (Clinical Privileges) Subcommittee for advice and recommendations to the MDAAC.

Where existing visiting practitioners are being re-appointed, the critical actions at Appendix 1 must be completed, with the following proviso:

- Where the Medical and Dental Appointments Advisory Committee (MDAAC) and / or any of its subcommittees **considers that it is not necessary to repeat a particular critical action(s)** during the re-appointment process, and the action is not currently required in the NSW Health policy PD2016\_047, [Employment Checks- National Criminal Record Checks and Working with Children Checks](#), the corresponding box should be left empty, the appropriate sign off completed, and a brief written record of the reasons for each omission retained with the completed Declaration.

In these circumstances, the resulting recommendation to the Chief Executive or authorised decision maker must identify any critical actions not completed and the reasons.

On re-appointment, the Visiting Practitioner must have a Working with Children Check clearance that has been verified with the Office of the Children's Guardian. For further information refer to the NSW Health Policy PD2016\_047.

## 15.3 Model contracts for Visiting Practitioners

### 15.3.1 Model contracts

Most visiting practitioners are appointed under a service contract as VMOs or HMOs. The Ministry has issued model service contracts to be used when appointing VMOs (see PD2014\_008) or VDOs (see PD2013\_013). There is a separate contract to be used for VMOs who are remunerated under Rural Doctors Settlement Package arrangements. Copies of all model VMO contracts can be found at:

<http://www.health.nsw.gov.au/careers/conditions/Pages/v.aspx>.

### 15.3.2 Other conditions of appointment

Other conditions of appointment may be set out as part of the letter of offer of appointment, provided that these other conditions are not incompatible with VMO determinations or the contracts. A person to whom an offer of appointment is made should be asked to indicate their acceptance by signing the letter of offer and returning it within a specified timeframe.

The applicable rates of remuneration for VMOs and VDOs are as notified by the Ministry from time to time.

All letters of offer of appointment must expressly provide that the appointment is conditional on entering into of a contract of liability coverage with the public health organisation or the provision of confirmation that alternate approved professional indemnity insurance arrangements are in place.

All letters of offer must include the requirement to inform the public health organisation in the event of a notification of a complaint to the NSW Health Care Complaints Commission or registration authorities, the imposition of orders or conditions affecting the practitioner's registration and / or any restrictions on clinical privileges/scope of clinical practice or practice imposed by another healthcare organisation.

### 15.3.3 Non-standard terms and conditions not to be offered

A public health organisation shall not, without specific approval from the Secretary (or delegate) offer a VMO or VDO remuneration or conditions of service other than in accordance with the rates and conditions specified in the relevant NSW Policy Directives or the relevant VMO determinations made under Chapter 8 of the *Health Services Act 1997*.

### 15.3.4 Types of service contracts for VMOs

The type of VMO service contract that is utilised depends on the VMO remuneration arrangements applicable at the facility at which the services are provided and the speciality involved i.e. sessional, fee for service, election of choice or Rural Doctors Settlement Package fee for service. The applicable arrangements are determined as follows:

- All peer group A facilities are sessional only
- All peer group B and C1 facilities are election of choice, plus those facilities listed in

document titled *Additional Election of Choice Hospitals to Peer Group B or C1* located at <http://www.health.nsw.gov.au/careers/conditions/Pages/v.aspx>

- All other facilities are fee-for-service (including facilities at which Rural Doctors Settlement Package arrangements apply).
- The list of facilities showing peer groups is contained within Information Bulletin *NSW Hospital Peer Groups 2014* located at:  
[http://www0.health.nsw.gov.au/policies/IB/2016/IB2016\\_013.html](http://www0.health.nsw.gov.au/policies/IB/2016/IB2016_013.html).

Where services are provided to a smaller facility or facilities as part of an outreach arrangement based on a larger 'parent' facility, a single VMO contract may be appropriate and the contractual and remuneration arrangements at the 'parent' facility apply to services provided at the outreach facility or facilities. In such cases, separate clinical privileges/scope of clinical practice will need to be determined for each facility where services are provided.

Any contract, agreement or other arrangements for the supply of medical services that is entered as a result of a tendering process is not a service contract. Where a VMO provides services under both sessional and fee for service arrangements, the contractual arrangements need to be based on an assessment of whether the sessional and fee for service arrangements are entirely separate (in which case separate contracts would be appropriate) or are interconnected (in which case a suitably modified single contract may be more appropriate).

### 15.3.5 Group election

At facilities where election of choice applies the decision on whether remuneration is made on a sessional or fee-for-service basis, is to be made by VMOs collectively in each of the six major specialty groups i.e. surgery, orthopaedics, medicine, obstetrics and gynaecology, paediatrics and anaesthetics.

The election must be made at the commencement of each appointment period and a majority of the relevant VMOs must decide to change the remuneration arrangement by majority decision.

A sub-specialty group or an individual VMO and the public health organisation may agree to a separate election from the major specialty group. This sub-specialty or individual election option must be agreed between the VMOs and the public health organisation. It should be noted that there is no access to dispute settling procedures under the sessional or fee-for-service arrangements should there be no agreement between the sub-specialty group or an individual VMO and the public health organisation

### 15.3.6 Specific forms of VMO rates and conditions

The following types of VMOs have specific types of rates and conditions:

- Specialists who practice in Rural Doctor Settlement Package hospitals – only locally resident specialists (whose usual place of residence is within 50 kilometres of the hospital and that hospital is the closest hospital to their place of residence) have a right to elect to be remunerated under Package remuneration arrangements. Non-locally resident specialists, or those who provide services to a Package hospital

as part of an outreach service from a non-Package hospital, can only be remunerated under Package arrangements with the agreement of the relevant public health organisation.

- Specialist Obstetricians and Gynaecologists in rural hospitals can choose as a group to be remunerated under sessional arrangements and then individually choose to be remunerated under fee for service arrangements for one part (either obstetrics or gynaecology) of their speciality.
- Specialist Diagnosticians – The arrangements for specialist pathologists and radiologists are set out in section 6 of the Fees Procedures Manual. There are no approved model contracts. VMO Radiologists, can be engaged, in addition to other available arrangements, under standard VMO sessional arrangements and using a sessional VMO contract to provide services in relation to any NSW Health facility or service. The rates of remuneration for VMO Radiologists are those applicable to sessional VMOs. The applicable background practice costs rate is that for anaesthetists, physicians and general practitioners.
- With the agreement of both the relevant Local Health District and a GP VMO who is required to provide a continuous on-site presence in emergency departments at a facility covered by the Rural Doctor Settlement Package, sessional remuneration arrangements can apply. A GP VMO can be provided with both RDSP fee-for-service rates and also receive sessional rates for shift work at the applicable sessional VMO remuneration rate including background practice costs as applicable from time to time. For sessional rates to apply, it is a requirement that a GP VMO must be present at the hospital during the entire duration of a shift, and that all work carried out during that shift (including inpatient rounds) will be covered by the sessional payments. Where the shift is of four hours or more duration, inpatients rounds must be completed. The expiry date of the sessional contract should reflect the expiry date of the RDSP contract.

### 15.3.7 Practice company contracts

A VMO may elect to be appointed under a service contract entered into between the public health organisation and that person's individual practice company.

Practice company arrangements can only be offered to VMOs who operate their own single medical practitioner practice companies. VMOs cannot elect to be appointed under a service contract with a practice company which is conducted or controlled by a number of medical practitioners and/or non- medical practitioners, nor can contracts be made involving a trust arrangement.

Health Services are required to check the ABN and GST registration of VMOs to ensure compliance with the GST Act in relation to the issue of recipient created tax invoices (RCTI) and RCTI Agreements. It is important that ABN details correctly identify the contracted party (the supplier). The Australian Business Register can be found at [www.abr.gov.au](http://www.abr.gov.au).

- Where a VMO contracts as an individual e.g. Dr P Smith, the ABN should identify the individual (sole trader) eg. Dr P Smith
- Where a VMO chooses to use a Sole Practice Company, the ABN should identify

the sole practice company e.g. Dr P Smith Pty Ltd.

#### 15.4 Professional indemnity insurance for VMOs and HMOs

It is a statutory requirement that medical practitioners have appropriate indemnity insurance when practising.

To meet these obligations VMOs and HMOs (other than HMOs on a Version 'B' model contract) must, prior to commencing work provide evidence of indemnity cover for any private work they may undertake, be required to undertake by a public health organisation, at public hospitals including as part of an on-call roster.

Where a VMO or HMO has a valid signed contract of liability coverage, TMF indemnity will apply. Where a VMO has elected to obtain professional indemnity through Medical Defence Organisation (MDO), evidence must be provided to the public health organisation in the form of a Certificate of Currency detailing a minimum of \$20 million cover. Upon the annual renewal of private cover through an MDO, VMOs must provide a further Certificate of Currency evidencing the renewal period and sum insured.

Contracts of liability coverage will only be offered where appointment is in accordance with standard arrangements and cover:

- The provision of medical services to public patients in public hospitals or through health services conducted by or on behalf of public health organisations
- Activity in the VMO / HMOs rooms, for failure to warn, where there is a written consent and the patient is treated as a public patient in a public hospital (or public health service)
- Where the applicable contract of liability coverage has been signed, the treatment of private patients by visiting medical officers in rural hospitals or the treatment of paediatric inpatients.

This coverage does not extend to pre-operative consultations or advice (other than public patient consent) given by a VMO in their own rooms.

## 16 RELATIONSHIP TO OTHER POLICIES

As far as practicable all selection, clinical privileges/scope of practice and appointment related policy requirements for visiting practitioners have been incorporated into this policy. However, regard will also need to be had to:

- PD2011\_010 *Visiting Practitioner Performance Review*
- PD2013\_013 *Visiting Dental Officers Remuneration and Contract Requirements*
- PD2011\_005 *Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases*
- PD2016\_047 *Employment Checks – National Criminal Record Checks and working with Children Checks*
- PD2013\_041 *Recruitment of Overseas Health Professionals – Panel of*

*Overseas Recruitment Agencies (PORA)*

- PD2013\_036 *Service Check Register for NSW Health*
- PD2008\_071 *Medical Practitioners: Compliance with Registration Conditions*
- PD2005\_497 *Delineation of Clinical Privileges for Visiting Practitioners.*

## 17 APPENDICES

- Appendix 1**      *Critical Actions Compliance Declaration* (This Appendix identifies the critical actions required to be undertaken, it is not intended to be a comprehensive checklist of all actions that must be taken.)
- Appendix 2**      *Reference Checking Template*
- Appendix 3**      *Recruitment Records Checklist*

## Appendix 1 - Critical Actions Compliance Declaration

Visiting Practitioner Appointments Procedures (Including Honorary Medical Officers) Critical Actions Compliance Declaration	
Task Description	✓
1. <b>Chair, Interview Subcommittee (must confirm all critical actions), or Authorised Decision Maker to approve short-term temporary appointment over one week, but less than 3 months (must confirm critical actions 1.1 to 1.14), or Authorised Decision Maker to approve short-term temporary appointment of less than one week (must confirm critical actions 1.1 to 1.9).</b>	
1.1 Identity of appointee was verified and details recorded on the 100 Point Identification Checklist in accordance with PD2016_047	
1.2 NSW Health National Criminal Record Check has been collected in accordance with PD2016_047	
1.3 Working with Children Check clearance number has been provided and verified with the Office of the Children's Guardian (or the person has been appointed subject to the need to provide a valid Working with Children Check application number within five days of the commencement of work)in accordance with PD2016_047	
1.4 Registration, including existence of any conditions on registration, was verified independently through the AHPRA website	
1.5 Certificate of Currency for a minimum of \$20 million sighted where professional indemnity cover chosen is provided through a Medical Defence Organisation	
1.6 A check of the NSW Health Internal Service Check Register has been undertaken and any risk assessment completed as required in accordance with PD2016_047	
1.7 At least two reference checks were conducted (one reference check can be sufficient for appointments of less than 3 months)	
1.8 A specialist in the relevant specialty was involved in determining the clinical privileges/scope of practice where appointment is no more than 3 months, with an extension for one further single 3 month period where required	
1.9 Eligibility to practise as a medical specialist, within the meaning of the NSW VMO Determinations is verified (only applicable if it is a specialist position)	
1.10 Written details of all other current medical appointments, and a signed standard consent form: Employment Related Checks collected (if not completed in E-recruit)	
1.11 Original documentation, or original certified copy if not practicable, of any <b>additional</b> qualifications (i.e. additional to those used to gain registration and/or shown on the AHPRA website), memberships, certificates, etc. used to support claim for the position were sighted, copied and certified	
1.12 Where verbal references were obtained, responses to the specified questions were recorded in writing	



**Visiting Practitioner Appointments Procedures (Including Honorary Medical Officers)  
Critical Actions Compliance Declaration**

Task Description		✓
1.13	Where written references were obtained, identity and relationship to appointee was directly confirmed, and written responses addressed the specified questions	
1.14	Contact was made with the Health Care Complaints Commission and/or Australian Medical/Dental Board where further information was deemed necessary as part of the selection process	
1.15	All members of the selection panel had access to the entire written application, CV and supporting documentation for each applicant under consideration	
1.16	For specialist positions only, the selection panel included a medical practitioner from the speciality/sub-specialty in which scope of clinical practice was sought	
1.17	The convenor of the selection panel has completed recruitment and selection training	

I confirm that the above occurred prior to the commencement at work of  
 (name of appointee) \_\_\_\_\_ to the position of \_\_\_\_\_  
 in (name of NSW Health Agency) \_\_\_\_\_ Date of Appointment:: \_\_\_\_\_  
  
 (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Visiting Practitioner Appointments Procedures (Including Honorary Medical Officers)  
Critical Actions Compliance Declaration**

Task Description		✓
2.	<b>Chair, Credentials (Clinical Privileges) Subcommittee</b>	
2.1	The Credentials (Clinical Privileges) Subcommittee membership included a medical practitioner from the specialty or sub-specialty in which privileges were determined	
2.2	The Credentials (Clinical Privileges) Subcommittee considered all of the information provided, and was satisfied that the information was sufficient to recommend that the attached clinical privileges/scope of clinical practice be granted	

I confirm that the above occurred in determining that the attached clinical privileges/scope of clinical practice be granted to the recommended applicant.  
  
 (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
  
 (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Visiting Practitioner Appointments Procedures (Including Honorary Medical Officers)  
Critical Actions Compliance Declaration**

Task Description		✓
3.	<b>Chair, Medical and Dental Appointments Advisory Committee (required where appointment is for more than 6 months)</b>	
3.1	All members of MDAAC were able to have access to the entire written application, CV and supporting documentation for each applicant under consideration	
3.2	In recommending the attached appointment and associated clinical privileges/scope of clinical practice, MDAAC considered the information and advice provided by its subcommittees, and is satisfied that the appointee underwent all necessary checks, and is a fit and proper person to be appointed to the position	
3.3	Appropriate consideration has been given to any issues arising out of the check of the NSW Health Service Check Register	
3.4	Appropriate consideration has been given to any issues identified in any risk assessment report arising out of a National Criminal Record Check	
<p>Name)_____ (Title) _____</p> <p>(Signature)_____ (Date) _____</p>		

**Visiting Practitioner Appointments Procedures (Including Honorary Medical Officers)  
Critical Actions Compliance Declaration**

**Decision maker (Chief Executive or authorised decision maker - required where appointment is for more than 6 months), I confirm that:**

- I been able to have access to the entire written application and all supporting documentation for all applicants under consideration for the position
- I was provided with written advice from the MDAAC that set out the grounds for the decision leading to the recommended appointment and determination of clinical privileges/scope of clinical practice

**In approving the appointment of the recommended applicant, I confirm that:**

- All necessary employment related checks have been conducted.
- Indemnity coverage has been checked (as required)
- The recommended applicant and proposed scope of clinical practice were determined in line with the requirements of the NSW Health policy relating to Visiting Practitioner Appointments

Decision maker:

Name) \_\_\_\_\_ (Title) \_\_\_\_\_

***All appropriate signature blocks must be completed prior to the visiting practitioner commencing appointment in the LHD. The completed document must be placed on the appointee's Personnel File, and a copy kept with appointment papers if they are retained separately.***

## Appendix 2 - Reference Checking Template

Referee Checks	✓
At least two referee checks are to be conducted prior to any recommendation to appoint (one reference check may suffice for appointments of less than 3 months)	
At least one referee should be able to provide current information relevant to applicant's claim to the position and any relevant conduct or performance issues (Where the applicant already holds a visiting practitioner position in NSW Health, at least one of the referees should be the director of the relevant unit or hospital department or the Director of Medical Services or the hospital general manager/executive director, as relevant.)	
The identity of the referee, position title and relationship to the applicant is to be confirmed	
Referees should be asked to confirm that they will provide an honest, accurate and complete response to each question	
Referees are to be advised that the information they provide <u>may</u> form part of the selection committee report, which may be used in providing feedback to the applicant	
The selection criteria are to be provided to referees	
A set of questions should be prepared that includes (but is not limited to) the following:	
<ul style="list-style-type: none"> <li>• How would you describe the applicant's skills/ experience/competence (as appropriate) in relation to the selection criteria?</li> </ul>	
<ul style="list-style-type: none"> <li>• Would you re-engage the applicant if the opportunity arose?</li> <li>• Why/why not?</li> </ul>	
<ul style="list-style-type: none"> <li>• Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?</li> </ul>	
<ul style="list-style-type: none"> <li>• In light of the information provided about the position, is there anything else you think would be relevant for us to consider?</li> </ul>	

### Appendix 3 - Recruitment Records Checklist

<b>Retention of recruitment and selection records (records can be hard copy or electronic where e-recruitment is implemented)</b>	✓	<b>Minimum retention period</b>
<b>1. Selection process documentation (including unsuccessful applications and offers for employment not accepted)</b>		
<ul style="list-style-type: none"> <li>• Advertisement and job information (incl. position description and selection criteria)</li> <li>• Selection committee report or report of selection on other grounds (signed by authorised decision maker)</li> <li>• Records of any internal process reviews</li> <li>• Selection documentation related to each unsuccessful applicant:                             <ul style="list-style-type: none"> <li>○ Full application including resume, any written references and any other supporting information</li> <li>○ Any supplementary information subsequently provided</li> <li>○ Record of any verification of applicant claims to the position</li> <li>○ Any declarations and consent forms signed by the applicant</li> <li>○ Record of any risk assessment</li> <li>○ Results of any medical examinations</li> <li>○ Copy of any advice provided to the applicant re the outcome of the selection process</li> <li>○ Records related to any employment screening requirements including:                                     <ul style="list-style-type: none"> <li>▪ 100 point ID checklist form</li> <li>▪ Signed consent form for National Criminal Record Check</li> <li>▪ Signed criminal history declaration</li> <li>▪ Date stamped print-out of the Service Check Register search result</li> <li>▪ Record of any risk assessment and associated records (for criminal history or Service Check Register record)</li> <li>▪ Copy of any signed statutory declaration and/or overseas police certificate</li> </ul> </li> </ul> </li> </ul>		2 years after recruitment finalised, then destroy.
<i>Note: Any criminal history information obtained through a NSW Health criminal record check (including any sent or received electronically), must be destroyed as soon as the risk assessment has been completed or within 3 months at the latest.</i>		
<b>2. Successful applications</b>		
<ul style="list-style-type: none"> <li>• Job information (including position description and selection criteria)</li> <li>• Full application including resume and any written references</li> <li>• Any medical advice regarding the applicant's ability to carry out the inherent requirements of the position</li> <li>• Completed confirmation of selection panel membership</li> <li>• Written record of information obtained via referee checks</li> <li>• Written record of past performance checks and any significant findings</li> <li>• Appropriately signed Critical Actions Compliance Declaration (see <b>Appendix 1</b>)</li> <li>• Written advice by the Credentials (Clinical Privileges) Subcommittee / selection panel regarding the determined clinical privileges/scope of practice</li> <li>• Copy of letter of offer and/or other employment documentation (e.g. contract)</li> <li>• Copy of signed returned letter of offer</li> </ul>		75 years after date of birth or 7 years after employment ceases, whichever is longer, then destroy.

<b>Retention of recruitment and selection records (records can be hard copy or electronic where e-recruitment is implemented)</b>	✓	<b>Minimum retention period</b>
outcome of the check validation, the clearance expiry date, and outcome of probity flag.		
<ul style="list-style-type: none"> <li>○ Any records relating to an employment assessment arising from a National Criminal Record Check (incl. correspondence from ESRU, contact with applicant, recommendations and outcomes)*</li> </ul> <p><i>Note: Any criminal history information obtained through a NSW Health criminal record check (including any sent or received electronically), must be destroyed as soon as the risk assessment has been completed or within 3 months at the</i></p>		
<b>3. Copies of documentation that, as a minimum, must be placed on the successful applicant's <u>Personnel File</u></b>	✓	
<ul style="list-style-type: none"> <li>• Position description</li> <li>• Selection criteria</li> <li>• Completed 100-point ID checklist form</li> <li>• Documentation confirming citizenship/residency or working visa status (included in 100 point ID checklist form)                             <ul style="list-style-type: none"> <li>• Signed and dated copy of AHPRA website material showing registration, including existence of any conditions on registration.</li> </ul> </li> <li>• Evidence of eligibility to practice as a medical specialist within the meaning of the NSW VMO Determinations, as relevant.</li> <li>• Evidence of medical indemnity cover</li> <li>• Evidence of appropriate vaccination status</li> <li>• Signed health declaration form or electronic declaration (if applicable)</li> <li>• Details of selection committee membership</li> <li>• Evidence that the appointment was approved by the appropriately delegated authority (copy of letter of offer is adequate if signed by the appropriately delegated authority)</li> <li>• Signed consent form for National Criminal Record Check</li> <li>• Overseas / aged care – Signed statutory declarations or copies of overseas police certificates stating the applicant has no criminal history</li> <li>• Record of screening validation number obtained from the Employment Screening and Review Unit's lodgement database and WWCC number (for child related</li> </ul>		75 years after date of birth or 7 years after employment ceases, whichever is longer, then destroy.

\* Retain on a separate, confidential file kept in a secure location and accessible only to authorised staff.