Recruitment and Selection of Junior Medical Officers to the NSW Health Service

Summary
The purpose of this Policy Directive is to promulgate mandatory standards to be applied when recruiting and selecting junior medical officers for employment in the NSW Health Service and the annual recruitment campaign. The PD sets out mandatory standards for the recruitment and selection of all junior medical officers.

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Audience All NSW Health Organisations (including Affiliated Health Organisations) and NSW Ministry of Health

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time.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.
RECRUITMENT AND SELECTION OF JUNIOR MEDICAL OFFICERS TO THE NSW HEALTH SERVICE

PURPOSE

The purpose of this Policy Directive is to define the mandatory standards to be applied when recruiting and selecting junior medical officers (JMOs) for employment in the NSW Health Service. Meeting the mandatory standards will ensure that:

- all appointees have the appropriate knowledge, competence, skills, qualifications and professional registration, and
- service delivery needs are able to be met in a timely manner.

MANDATORY REQUIREMENTS

Mandatory standards for the recruitment and selection of JMOs to the NSW Health Service during both the Junior Medical Officer Annual Recruitment Campaign and on an ad hoc basis are outlined in this Policy Directive.

This Policy Directive is supported by a range of tools, which are included as appendices. Appendices include sample forms, checklists and procedures.

This policy clarifies the process for the recruitment and selection of JMOs only. The general recruitment process is now defined in Recruitment and Selection of Staff to the NSW Health Service (PD2017_040).

Failure to comply with mandatory standards in this policy will be managed in accordance with current NSW Health policy for managing misconduct.

IMPLEMENTATION

Chief Executives are required to:

- ensure that the standards set out in this Policy Directive are communicated to all managers and staff advising on or taking part in the recruitment, selection and employment of JMOs
- identify the lowest level at which recruitment and selection decisions can be made and facilitate the appropriate delegations, include the delegations in their public health organisation’s Delegations Manual and ensure the delegations are applied consistently
- ensure managers have the appropriate skills to exercise delegated recruitment and selection accountabilities, and
- lead by example, ensuring they only approve appointments where all relevant mandatory standards have been met.

Directors of Workforce/Human Resources are required to:

- promote and support mandatory recruitment and selection standards
- ensure provision of instruction, information and training as necessary to support effective implementation of the standards
• monitor compliance with mandatory standards, and
• assume responsibility for the medical recruitment function.

Convenors of selection panels are required to:
• ensure all relevant mandatory recruitment and selection standards are followed, all the required checking and screening actions occur and are appropriately documented, and
• complete recruitment and selection training.

HealthShare Service Centres are required to:
• provide recruitment and selection transactional services which are consistent with the mandatory standards.

All staff are required to:
• comply with all relevant mandatory recruitment and selection standards.

REVISION HISTORY

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<tr>
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ATTACHMENTS

1. Recruitment and Selection of Junior Medical Officers to the NSW Health Service: Procedures
Recruitment and Selection of Junior Medical Officers to the NSW Health Service

Issue date: June-2019
PD2019_022
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1 BACKGROUND

1.1 About this document
The standards apply to filling an identified junior medical officer (JMO) vacancy in the NSW Health Service, except for:
- casual employment, which refers to persons who may be employed on a short term basis with no expectation of continued employment beyond the provision of the services required at the time
- temporary employment for a period not exceeding 13 weeks, or
- temporary direct appointment over 13 weeks (including walk-in applicants).
Please refer to Recruitment and Selection of Staff to the NSW Health Service for mandatory standards relating to these types of engagement.

1.2 Purpose
The purpose of this Policy Directive is to outline the recruitment and selection requirements for the appointment of JMOs both during the annual recruitment campaign and to ad hoc vacancies, as well as ensuring that recruitment is being conducted in a consistent and equitable manner.
Due to the large volume of recruitment activity associated with the annual JMO recruitment campaign, specific additional, modified or differing recruitment and selection requirements may apply. Where a standard applies only to the annual JMO Recruitment Campaign and not to ad hoc appointments, or vice versa, this is clarified throughout.

1.2.1 Relationship to industrial awards
When filling vacancies, the applicable industrial award or determination must also be considered. Should standards in this Policy Directive differ from the conditions set out in a particular award or determination, the award/determination conditions will take precedence.

1.2.2 Relationship to other policies
As far as practicable, all recruitment and selection related policy requirements have been incorporated into this Policy Directive. However a small number of other key, subject specific policies (as amended from time to time) will need to be considered alongside this policy. References to other policies are provided under subject specific headings below.

1.2.3 Relationship to Chief Executive Service Agreements
Chief Executives have agreed to the NSW Health Good Health - Great Jobs Aboriginal Workforce Strategic Framework 2016 – 2020, which has priorities to grow a culturally safe workforce by attracting, recruiting and retaining more Aboriginal people to work in the health sector.
1.3 Definitions

**Ad hoc JMO recruitment**: recruitment of JMOs for vacancies requiring immediate recruitment action outside of the recruitment campaign. This policy outlines the standards for ad hoc JMO recruitment, however timing and contract lengths are addressed below (see Section 2.7).

**Annual JMO recruitment campaign**: the annual process to recruit and select JMOs for roles available in the following clinical year.

**Campaign period**: the duration of the annual JMO recruitment campaign, starting on the first day of advertising for the main round, and finishing on the final offer date of the second or any subsequent rounds.

**DAO / Associate DAO**: Delegated Authorising Officer / Associate Delegated Authorising Officer (see Section 2.2).

**JMO positions**: medical officer positions aligned with the *Public Hospital Medical Officers Award* or medical officer positions approved to be included in the annual JMO recruitment campaign.

**Junior Medical Officer (JMO)**: medical practitioners engaged under the *Public Hospital Medical Officers Award* (with the exception of intern positions) in a vocational training or non-vocational position. JMOs are engaged on fixed term contracts and are classified as exempt employees under the *Employment Arrangement for Medical Officers in the NSW Public Health Service* policy.

**LHD/N**: local health district or specialty network. For this policy it also includes affiliated health organisations (St Vincent’s Health Network) and state-wide health services (NSW Ambulance and NSW Health Pathology).

**Ministry**: NSW Ministry of Health.

**NPC - National Police Check** also known as a National Criminal Record Check (NCRC) or a National Police History Check is an Australia-wide check of a person’s criminal records history. A NPC undertaken for the purpose of working in an Australian Government subsidised aged care service is referred to as an ‘Aged Care Check.’ A NPC may be in the form of a ‘National Police Certificate’ or ‘Police Certificate’ obtained by an individual directly from the Australian Federal Police, a State or Territory police service, or an Australian Criminal Intelligence Agency (ACIC) accredited organisation.

**NSW Health organisation**: For the purposes of this Policy Directive, any public health organisation as defined under the *Health Services Act 1997*, the Ambulance Service of NSW, Health Infrastructure, HealthShare NSW, NSW Health Pathology, any other administrative unit of the Health Administration Corporation, and Albury-Wodonga Health in respect of staff who are employed in the NSW Health Service.

**NSW Health Service**: All persons employed under Chapter 9, Part 1 of the *Health Services Act 1997*.

**WWCC**: The Working with Children Check is a NSW based legislative requirement, managed by the Office of the Children’s Guardian, for anyone in child related work.
1.4 Prevocational trainees

Interns engaged as prevocational trainees under a two year contract within a prevocational network should not apply for a JMO position for their second post graduate year as they are able to continue their employment in their second post graduate year within their existing networks.

If an intern needs to change networks in their second post graduate year, they should contact the Health Education and Training Institute (HETI) which has delegated authority from the Ministry of Health to recruit trainees to prevocational training networks in NSW on behalf of NSW Health organisations.

2 RECRUITMENT AND SELECTION STANDARDS

2.1 Vacancy identified

All managers should be aware of the staffing situation and vacancies in the wards/units under their responsibility. Vacancies that occur on a casual or temporary basis e.g. due to staff leave, must be reviewed to determine workload and service provision implications and action taken to fill these vacancies where identified as necessary.

2.2 Role of the Delegated Authorising Officer

A Delegated Authorising Officer (DAO) and an Associate DAO is to be nominated by each LHD/N to support JMO recruitment. The DAO is responsible for:

- approving JMO positions for advertising
- approval of appointments to positions prior to preliminary offers being sent to applicants
- receiving JMO recruitment updates and communicating this information to all relevant stakeholders within the LHD/N
- communicating closely with the JMO Units (and other medical recruitment personnel) within the facilities of the LHD/N to ensure they are adequately resourced
- ensuring that recruitment and selection policies are being adhered to, and
- ensuring that all appropriate staff within the LHD/N avail themselves of the training opportunities made available by HealthShare NSW for JMO Recruitment.

Should a DAO become unavailable to meet these responsibilities, the Associate DAO will be required to assume all of these responsibilities in place of the DAO.

For statewide centralised recruitment and networked positions, one delegated decision maker will approve the recruitment action on behalf of all organisations involved in the network.

2.3 Review position documentation

All positions in the NSW Health Service must have an accurate, up-to-date position description/role description that addresses, as a minimum, the following:
Recruitment and Selection of Junior Medical Officers to the NSW Health Service

- Position title (to be used in the position description/role description when referring to the job), remuneration and employment status
- Classification and grade
- Selection criteria (see Section 2.3.1)
- Duties, responsibilities and accountabilities of the position, including work health and safety responsibilities specific to the role being undertaken
- Skills, knowledge and experience needed in the position (often referred to as capabilities)
- Information about the facility, division and work area
- Information on the NSW Health CORE values
- Organisation chart showing the position’s relationship to other positions/role titles and their classification and grade
- Any mandatory physical, psychological or sensory requirements necessary to perform the inherent requirements of the job, and how they will be assessed (see the current Government Sector Employment Act for information on determining inherent job requirements)
- Trade or professional qualifications that are a legal or award requirement for the position or any educational requirements of the position, for example, acceptance into a recognised training program
- Length of previous work experience or training program required for the position (only if required by law or an industrial instrument)
- Professional registration, licensing or authority to practice requirements
- Vaccination category of the position, and mandatory vaccination requirements
- Whether the position is an identified or targeted position, and notice of any relevant exception / exemption under the NSW Anti-Discrimination Act 1977
- If required by the position, reference to an understanding of a particular community or cultural sensitivity
- Information about the classification of the position in relation to mandatory criminal and working with children checks (refer to the current NSW Health policy on Working with Childrens Checks and Other Police Checks (PD2019_003)).

Consultation with Aboriginal Employment Coordinators, Managers of Aboriginal Workforce Development or similarly responsible position holders is recommended to determine whether the position is suitable for an identified or targeted Aboriginal recruitment process (see Appendix 1.3).

2.3.1 Review selection criteria

Selection criteria are used to assess the suitability of all applicants for the position and must:
- include an approved criterion relating to the applicant’s medical degree and medical registration status
- be clear, concise and directly relate to the position
- not be less favourable to a particular EEO group than to others
Recruitment and Selection of Junior Medical Officers to the NSW Health Service

- be limited to a maximum of eight
- 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
- exclude skills that can be learned in a reasonable time on the job
- only include qualifications where they are a legal or industrial requirement for the position
- specify any other educational requirements for the position, for example, acceptance into a recognised training program
- only include minimum length of previous work in the profession where it is a legal or industrial requirement in relation to the position
- specify any relevant mandatory professional registration, licence requirements, membership of state or national associations and/or authority to practice requirements, or National Police Check (NPC) requirement (see Appendix 1.10) and the working with children check (WWCC), for the position
- at least four identity documents must be sighted and the link between the applicant and claimed identity verified by NSW Health
- applicants new to NSW Health for child related positions are required to sign the NSW Health Criminal History Declaration
- specify any requirement for membership of a particular EEO group for identified or targeted positions, or any requirement for an understanding of such a group, and
- exclude any preference to work in a particular location.

2.4 Action prior to advertising

Prior to advertising vacancies, the following actions must take place, as applicable:

2.4.1 Redeployment

Injured staff

Where a work related illness or injury prevents a member of staff from returning to the duties of his/her existing position, workers compensation legislation requires that, as far as practicable, every effort is made to place the staff member into a position that is the same as or equivalent to their existing position.

Therefore, the possibility of placing such staff to any vacant positions should be explored prior to advertising the positions. NSW Health organisations must have a process in place to identify injured staff members suitable for redeployment.

A vacancy can be filled through redeployment of an injured staff member where:

- the staff member meets the selection criteria for the vacant position, or can demonstrate a capacity to meet the criteria within an agreed period, and, if necessary, supported by training, and
• the duties of the vacant position are consistent with medical opinion regarding suitable duties for the staff member, and with the requirements of the staff member’s injury management plan.

For further information, see the current NSW Health Injury Management and Return to Work policy.

2.4.2 Eligibility lists

An eligibility list may apply to the position for which it was created, as well as other vacant positions (including at other sites) that are substantially the same and have substantially the same selection criteria. This may include a particular classification of position experiencing recurring vacancies, if so determined by the Chief Executive or delegate.

Some industrial instruments contain provisions regarding the creation and use of eligibility lists. NSW Health organisations do not have to use an eligibility list where it seems fairer or more appropriate to conduct a new selection process or take other action. Furthermore, prior to filling a position from an eligibility list, it must be confirmed that the selection criteria and inherent job requirements for the current position are not substantially different from those used at the time the eligibility list was created.

Offers of employment to individuals on an eligibility list must be made in the order in which the names appear on the list i.e. first offer to first name on the list.

Where a position is offered to someone on an eligibility list it must be ensured, prior to any offer of employment, that:

• all the mandatory employment screening and verifications have occurred, including referee checking and any necessary pre-employment health assessment
• current confirmation is sought to determine that no significant conduct or performance issues exist
• any mandatory license/registration/membership is still current
• the inherent job demands of the position can still be met, and
• any citizenship/working visa requirements are still current.

Refer also to Section 2.15.2 which deals with the creation of eligibility lists.

2.5 Filling a vacancy without advertising

For campaign recruitment

Some vocational training programs do not advertise positions in the annual NSW public health system online recruitment process, but instead the relevant medical college will separately recommend doctors who they deem are suitable to enter their training programs.

Where this occurs, the final decision to employ a doctor selected by a medical college into the college training program against a vacant position is at the discretion of the employer. A medical college, after selecting a doctor into a training program, must provide advice to the employer about the trainees selected into their program and may also provide recommendations on which training positions would meet the training requirements.
The college trainee will then be required to submit their details to the employer (at a minimum this will consist of their curriculum vitae). The employer will determine the suitability of each trainee against the requirements of the position. This may be facilitated through interviews. Where the employer believes a trainee is suitable for a position, satisfactory referee checks must be conducted (see Section 2.13). This must be done prior to the trainee receiving a letter of employment.

Where the employer has confirmed that two referee checks have already been undertaken by the specialty college and these checks comply with the requirements as outlined in Section 2.13, NSW Health organisations will not be required to undertake additional checks if they do not wish to do so.

In such circumstances, the NSW Health organisation must:

- review the college referee reports to ensure compliance with the requirements outlined in Section 2.13 and to determine the suitability of the applicant for employment into the position
- make direct contact with each referee to verify their identity and relationship to the applicant, and
- keep copies of each referee report on the employee’s personnel file.

Where the college referee checks do not comply with NSW Health requirements and the above steps have not been undertaken, they cannot be used in substitution for the NSW Health organisation undertaking their own referee checks.

The NSW Health Organisation must also ensure completion of all other relevant pre-employment checks in line with the Working with Children Checks and Other Police Checks policy directive, confirmation of Medical Board registration and a Service Check Register check) must also be conducted before an applicant can commence employment.

### 2.6 Advertising requirements

When advertising positions for the annual JMO recruitment campaign and JMO ad hoc recruitment, all positions need to be advertised via the designated eRecruitment system.

When advertising positions:

- any current instructions from the Secretary, Ministry of Health, regarding advertising must be met
- any Award specific requirements must be met
- any specific legislative requirements must be met
- vacancies must be advertised in a cost effective manner
- advertisements must contain the appropriate information required to attract and inform potential applicants, and
- contact details for further information and a closing date are to be included.

**For campaign recruitment**

When advertising positions:
the Ministry will publish campaign dates (including advertising, interview and offer dates), in consultation with specialty representatives and JMO recruitment stakeholders, which must be observed, and

LHD/Ns are to nominate coordinators who are responsible for managing the recruitment process for the annual JMO recruitment campaign, which includes using the eRecruitment system.

2.7 Contract lengths

Extensions to a JMO contract of employment are not permitted, except as described in Appendix 1.11.

For campaign recruitment

The position titles and contract lengths that a specialty has agreed will be published by the Ministry prior to each annual JMO recruitment campaign.

JMOs in a training program who do not complete the training requirements in the minimum time must reapply for a position in the clinical year after which the current contract expires in order to complete the requirements.

For ad hoc recruitment

LHD/Ns must not undertake ad hoc JMO recruitment during the campaign period, unless it is a current vacant position advertised to the end of the current clinical year only.

Outside the campaign period, ad hoc JMO recruitment vacancies may only be advertised up to the end of the current clinical year, with the vacancy re-advertised within the annual JMO recruitment campaign the following clinical year. However, if the vacancy is in a specialty currently experiencing acute workforce shortages as determined by the LHD/N District Director of Medical Services, the appointment may be made no longer than to the end of the subsequent clinical year.

2.8 Position information package

As well as the information listed in Section 2.3, potential applicants must also be advised of the following:

- Applicable award and classification, salary range, terms and conditions of employment
- The geographical location of the position, and any rotation requirements
- The need to nominate two referees, one of whom must be a current supervisor/manager
- The need to address the selection criteria, and include an up-to-date curriculum vitae of employment history
- That a NSW Health internal service check, using the NSW Health Service Check Register, will be conducted on all preferred applicants
- The requirements regarding a NPC and WWCC
- The NSW Health Criminal History Declaration
- The link to the relevant eRecruitment system
- The supporting information that will be required to be uploaded into the eRecruitment system as part of the application (e.g. copy of qualifications, visa), and clarification that
original qualifications and visa documentation will be required where the applicant is selected for interview

- The requirement for citing Aboriginality, where relevant
- The closing date for applications
- Contact details for further information.

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

- The appropriate ‘Information for applicants’ documentation
- The NSW Health Code of Conduct
- The Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases policy (PD2018_009)
- Standard Employment Checking Consent Form for relevant employment
- Health Declaration Form
- The NPC consent form
- The NSW Health Criminal History Declaration
- Information on how to obtain a WWCC from the NSW Office of the Children’s Guardian
- Information for overseas applicants, in relation to additional criminal record check requirements and how to apply for WWCC

2.9 Application management

2.9.1 Application lodgement

The eRecruitment system will:

- date applications on receipt, and
- send applicants an acknowledgement of receipt of their application by email.

All applicants must be advised if the selection process has been delayed or is not to go ahead.

A grace period of 24 hours for submitting an application and a late link must be provided where there are unforeseen or unavoidable delays (e.g. where there is a server down).

2.9.2 Late applications

Where the convenor is considering whether to accept late applications, beyond the 24 hours grace period, the criteria listed in Appendix 1.11 should be applied. Late applications should not be accepted after interviews have started, except in exceptional cases.

Any decision around accepting late applications is at the discretion of the convenor and must be consistently applied to all late applications. Reasons in support of any such decision must be clearly documented in the selection papers.

2.10 Selection process
The usual selection process for NSW Health organisations will include establishing a selection panel. The role of the selection panel is to:

- consider applications to determine which applicants should progress through the selection process
- further assess applicants’ suitability via an interview process and/or any other comparative assessment processes
- conduct (or ensure conduct of) all necessary verifications, and
- make a recommendation to the duly delegated decision maker or other body where appropriate.

Convenors and panel members are not permitted to conduct private meetings (‘pre-meets’, ‘pre-interviews’ or however named) with individual candidates to determine a candidate’s capability or suitability for a role prior to interview, however a network or specialty-wide information session open to all potential applicants may be held (see Appendix 1.9).

2.10.1 Selection panel composition

The composition of the panel will vary depending on the scope and nature of the position to be filled. However, the following minimum requirements must be met:

- The size and membership of the panel should ensure that the selection process can be properly performed and that different perspectives are brought to the selection process. As the minimum, the panel must have two members, one of whom is the designated convenor
- There is at least one male and one female panel member, wherever possible
- The convenor must have completed recruitment and selection training or refresher training in the last three years to ensure an understanding of NSW Health policy, and completed the Respecting the Difference training
- One member must be ‘independent’ (refer to Section 2.10.3 Role of the independent)
- Panel members should, as far as practicable, hold positions that are more senior than the position being filled
- Identified and targeted positions must be appropriately represented (e.g. the panel must include at least one Aboriginal person)
- Where the position or the background of the applicants requires an understanding of a particular community or EEO group, the membership of the panel should reflect this
- All 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. Any conflict of interest must be managed / discharged as necessary and documented. Options may include:
  - Adding an additional panel member as a safeguard e.g. two independents
  - Limiting the contribution of the panel member e.g. contribute to discussion only as a subject expert, but not take part in decision-making
  - Replacing the panel member.
- At least one member of the panel should have enough knowledge of the position requirements to be able to effectively assess applications
• The position description/role description, advertisement, selection criteria and all applications and assessment information must be available to all panel members.

• Any position-specific NSW Health, legal or industrial requirements must be met.

It is recommended that Chief Executives or delegate consider including appropriate additional expertise on the selection panel where:

• positions manage areas of significant risk

• positions require a high degree of technical or professional competence

• appointments have proved contentious in the past, or

• the selection process is recommenced as a result of complaints about the original process.

It should be noted that there is no impediment to a selection panel member acting as referee for an applicant, and often this is unavoidable e.g. when they are an applicant’s current supervisor. However, selection panel members should declare this workplace relationship as soon as they become aware that they are a nominated referee for one of the applicants. In these instances it is advisable to seek an additional relevant reference check, where possible.

Where an original panel member arranges for someone else to participate on the panel, the original panel member is considered to have withdrawn from the panel and should take no further part in its proceedings. The newly delegated panel member takes over all the responsibilities and authority of a panel member.

For campaign recruitment

In addition to the above requirements, the Delegated Authorising Officer (DAO) will approve the composition of each selection committee for positions within their organisation and ensure that selection committee membership is properly constituted. They are also responsible for approving the committee’s final recommendation, including resolving any minority reports.

For networked positions, one delegated decision maker will approve the recruitment action on behalf of all organisations involved in the network.

2.10.2 Role of the convenor

The convenor is responsible for ensuring that:

• all relevant NSW Health standards are met during the selection process including establishing an appropriate selection panel, ensuring the relevant checking and vetting occurs (refer to Appendix 1.2 Convenor’s Checklist), and resolving any conflicts of interest appropriately, and

• all relevant material is considered in making a recommendation.

2.10.3 Role of the independent

The independent panel member is responsible for ensuring that the selection process is fair, and that decisions are based solely on the available material. Therefore, they must:

• have no direct interest in the outcome of the selection process

• be from either a different administrative branch or business unit (i.e. different reporting line) or different NSW Health organisation or external to NSW Health, and
• be unlikely to be unduly influenced by other panel members.

2.10.4 Conducting the cull

When culling applications, the following requirements must be met:

• All panel members have access to all applicants’ entire application and any supporting documentation and the selection criteria and position description/role 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
• The reasons for culling an application are documented
• All panel members must agree on the applicants to be culled (where agreement can’t be reached a minority report must be made to the decision maker prior to the recruitment process continuing).

For campaign recruitment

In the annual JMO Recruitment Campaign, further comparative culling can occur against selection criteria, workforce needs and training requirements.

2.10.5 Further assessment of applicants

Once the cull has been completed, assessment methods to determine who of the remaining applicants is the most suitable for the position will vary depending on the nature and level of the position.

Usually the assessment process would include an interview involving direct contact with the applicant, either face to face or via another interactive visual medium. Face to face or videoconference / skyped interviewing should be used as they allow for visual identification of the applicant who is providing responses to the selection panel’s questions. Telephone interviews should only be utilised in the limited circumstances where there are no other options available to the panel.

Where interviews occur via any interactive visual medium or the telephone, all sighting of mandatory original documentation must occur prior to the preferred applicant commencing work.

Other assessment methods may include:

• work samples or tests
• presentation by the applicant(s)
• Group exercises or role plays
• assessment by specialist groups, and/or
• personality questionnaires.

Any assessment method must:

• be specifically targeted to the selection criteria and the position description/role description
• not unfairly disadvantage applicants who have a disability or are from a particular cultural or community group, and
• be applied in a flexible manner, as far as practicable, without affecting the validity of the assessment method.

Applicants to be assessed must be:
• provided with information about the assessment method/s and approximately how long they will take
• given at least three days’ notice, unless it is mutually convenient to schedule the assessment/s sooner
• advised of the names and titles of the selection panel, and
• advised what documentation they are required to bring to interview.

2.10.6 The interview process

While it would be the usual practice that all selection panel members take part in the interview process, this may not always be practicable. At a minimum, there must always be two people conducting any interview.

Interview questions must be clear, unambiguous and directly related to the selection criteria and position description/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 can be asked.

The task of the selection panel is not to determine which applicant does best at interview, but rather use the interview process and any other assessment processes as guides to identify who is the most meritorious applicant.

For campaign recruitment

In addition to the above requirements:
• no applicant is to be asked to accept a position at interview, and
• offers of employment can only be made once the DAO has approved the selection committee’s recommendation.

Recognising the time constraints that arise during the annual recruitment of JMOs, it may be difficult for all panel members to enter their decisions at the interview stage on the eRecruitment system within the required timeframes; therefore the convenor may process these decisions on their behalf. However, in these circumstances, each panel member will be required to sign a record of the panel’s decision and this documentation must be uploaded into the eRecruitment system.

2.10.6.1 Sight/collect or record details of mandatory documentation

Original documentation must be sighted and details recorded at the time of interview (see Appendix 1.2 Convenors checklist) for the following:
• Documentation necessary to support the NPC consent form and WWCC must be fully completed by the person sighting the documentation – see the current NSW Health policy on employment checks)
Citizenship/residency or working visa status. It is noted that in some limited circumstances, where an applicant is from overseas, they may not be able to seek a visa without a conditional job offer.

Evidence of current professional registration/licence status, or eligibility for membership of the relevant state or national professional association where applicable (current professional registration/licence status must also be confirmed directly with the registering/licensing authority).

Proof of any educational, trade or professional qualifications or any educational requirements for the position (e.g. acceptance into a recognised training program) listed as selection criteria (note: it is not necessary to sight qualifications used to gain registration, as this role is undertaken by the registering authority).

For child related work, the applicant’s WWCC number (if not already provided and if not subject to any exemptions) – refer to the current NSW Health policy on employment checks.

Evidence of length of experience, where listed as a selection criterion.

Evidence of the required immunisation status e.g. New Recruit Undertaking/Declaration and TB Assessment, Vaccination Record Card or Certificate of Compliance.

For identified or targeted positions, evidence of relevant characteristics e.g. citing of Aboriginality (see Appendix 1.3).

Original documents only may be copied, and copies certified by the person sighting the originals on behalf of the NSW Health organisation. Where there are multiple interviews, it may be more practical to sight originals to confirm eligibility of the applicant for the position, but defer copying and certifying until preferred applicants are determined. However, except in limited circumstances such as overseas based applicants, and subject to emergency appointment provisions in the current NSW Health policy on employment checks, the above activities must take place prior to any recommendation to appoint an applicant to a position.

Where originals of tertiary qualifications (professional, academic or vocational) are unavailable, academic transcripts, certified by the educational institution and including a statement that all requirements of the relevant course have been met, may be acceptable.

For overseas qualifications that are in a language other than English, where the original qualification is not available, the applicant must be asked to provide a transcript translated into English by an officially accepted state or commonwealth body, and certified as such (see www.crc.nsw.gov.au or www.homeaffairs.gov.au).

For other documentation only, e.g. memberships etc, where the original is not readily available, certified copies may be considered.

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 referee checks.

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

- Signed NPC consent form
- Signed NSW Health Criminal History Declaration
- Signed Health Declaration Form (note that while the Health Declaration Form may be collected at interview it must only be considered once it is proposed to offer an applicant the position)
- Signed Standard Consent for Employment Related Checks (where required)
- Signed Authority to Prescribe, Supply, Dispense or Administer Prescribed Restricted Substances / Drugs of Addiction Form (where required).

See also Section 2.12 which relates to verifying information.
2.10.6.2 Confirm referee details

Details of two referees, one of whom is a current supervisor/manager, must also be confirmed at interview.

There will be circumstances where provision of a current supervisor/manager may not be possible, such as where the applicant is:

- currently unemployed, or
- returning to the workforce after a break.

In such circumstances, the selection panel will need to be flexible in determining the appropriateness of the nominated referees.

Where an applicant refuses to nominate a current supervisor/manager, even though there is one, or contact is not able to be made with the current supervisor, the applicant must not be automatically excluded from the application process. However, the panel needs to be satisfied that, in the absence of a reference check with the current supervisor/manager, it is still able to access enough relevant, up-to-date information to assess whether the applicant is the most appropriate person for the position.

Therefore the applicant must be:

- advised that the purpose of a referee check with a current supervisor/manager 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 referee check with the current supervisor/manager is NSW Health policy, and
- given the opportunity to discuss reasons with the panel for the refusal.

Depending on the circumstances, the selection panel may decide to give the applicant the opportunity to provide alternative referee(s) e.g. a past supervisor/manager. However, the applicant must be advised that if referees are unable to provide up to date advice about key claims to the position and about recent past conduct and performance, the application may not be assessed further.

2.10.6.3 NSW Health internal service check

An internal service check via the NSW Health Service Check Register (SCR) must be conducted prior to any offer of employment. The purpose of the check is to identify whether the preferred applicant is subject to current enquiries into alleged misconduct, or has been found to have engaged in misconduct resulting in a decision that administrative, disciplinary or remedial action was necessary to mitigate identified risks.

A SCR record does not necessarily preclude a person from being employed. 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. While interviewees may choose to volunteer such history themselves at interview, which will allow the panel to discuss these issues with the applicant further, the risk assessment relating to a SCR record does not form part of the selection panel process and is managed separately 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.
The SCR is not checked until after a person has been identified as a preferred applicant and all other checks and enquiries, apart from criminal record checks, has been completed. See NSW Health policy on the NSW Health Service Check Register for further information.

2.11 Determine preferred applicants

When the assessment process has been completed, the panel must analyse all resulting information and identify preferred applicant(s) for the position, including an eligibility list if applicable. It is usually at this point that any outstanding verification activities are completed and referee checks are conducted. Once these have been successfully completed, the relevant criminal record checking should take place.

2.12 Verify information

Appendix 1.2 provides a checklist of all the mandatory actions required to be undertaken, including referee checks and verifying registration/licence, prior to the selection panel making a recommendation to a decision maker to appoint the preferred applicant to the position.

Evidence that all relevant checks took place, and any findings of significance, must form part of the selection documentation. A selection committee member’s past knowledge of an applicant will not be sufficient to meet these standards.

2.13 Conduct referee checks

At least two referee checks must be conducted on the preferred applicant(s) prior to any offer of a position.

The purpose of referee checks is to confirm the claims made by the applicant, explore any particular issues arising from the interview or assessment process and provide information about the previous employment history of an applicant.

Additional referee 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. In these circumstances applicants must be asked to provide details of additional referees.

The person conducting the referee 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.

All referee checks must be conducted in a structured manner, based on a set of questions prepared 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/position
- any other significant claims made by the applicant in relation to the position
- recent past performance, professional conduct and attendance record of the applicant, and
- issues or concerns related to the skills, competence and experience identified during the application or interview process.
See Appendix 1. for mandatory minimum requirements when conducting referee checks. All referees must be advised that information obtained from them, when incorporated into the selection committee report, may form part of the feedback provided to unsuccessful applicants. The panel may conduct any other appropriate enquiries about the applicant in order to inform their decision making about an applicant, including with any NSW Health organisation where the applicant currently holds or previously held employment. These other enquiries must be documented.

Where the panel is unable to confirm the relevant information via referee checks, the application should not be considered further.

For campaign recruitment

Recognising the time and resource constraints that arise during the annual recruitment period, referee checks may be conducted before interviews and written references will be accepted.

During the bulk annual recruitment of junior medical staff the referee report built into the nominated eRecruitment system can be used in substitution for requesting separate individual referee reports for each position an applicant may have applied for. This referee report contains a generic set of questions, therefore there is no need for a nominated referee to complete more than one referee check per applicant.

The e-Recruit system will:

- recognise when a referee report has been requested of the referee
- recognise when the referee has returned the report
- make the information available (including being able to review the report) to all panels where the applicant has been invited to interview, and
- only allow progression to preliminary offer if referee reports are verified.

The panel must still explore any particular issues arising from the interview with the referee after interview, including any specific questions relating directly to the selection criteria. Each applicant will still require two referee checks to be undertaken to be considered for a position. Where these are written referee reports, verbal contact must still be made with the referee and their identity and relationship to the applicant confirmed. The system will recognise when a referee report has been verified, so the report need not be verified with the referee multiple times.

For ad hoc recruitment

Referee checks for ad hoc recruitment can only commence once the interviews are complete.

2.14 Assessing information

The outcomes of a check against the Service Check Register, any required criminal record checks, a check of registration status with registering authorities and, where necessary, a check with the Health Care Complaints Commission (HCCC), as well as referee 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. At a minimum, contact with the HCCC should be made if the selection panel forms a concern that a complaint about an applicant has recently been made.
The current *Working with Children and other Police Checks policy (PD2019_003)* must be consulted regarding the requirements for existing staff upon transfer, secondment or promotion.

Where the registration status includes conditions, including any restrictions to the applicant’s authority to prescribe, supply, dispense or administer substances listed in Schedule 4(d) and/or Schedule 8 of the Poisons List proclaimed under the *Poisons and Therapeutic Goods Act 1966*, these must be assessed to determine the ability of the applicant to undertake the duties of the position, and the ability of the NSW Health organisation to accommodate the conditions (e.g. to provide the necessary supervision).

If an applicant has declared a restriction on their authority to prescribe, supply, dispense or administer substances listed in Schedule 4(d) and/or Schedule 8 of the Poisons List proclaimed under the *Poisons and Therapeutic Goods Act 1966*, but these are not reflected in their registration conditions, the details of the restrictions should be confirmed or checked with the Ministry of Health’s Pharmaceutical Services Branch so that the nature of the restrictions can be adequately understood and assessed. Contact details for the Pharmaceutical Services Branch can be found at [http://www.health.nsw.gov.au/pharmaceutical/Pages/wda.aspx](http://www.health.nsw.gov.au/pharmaceutical/Pages/wda.aspx).

Where an applicant upon appointment is going to rotate across facilities, each individual facility needs to be aware of the conditions and the facility’s capacity to accommodate them. Any conditions must be documented and compliance monitored. In relation to medical practitioners, see also the current NSW Health policy on [medical practitioners’ compliance with registration conditions](http://www.health.nsw.gov.au/pharmaceutical/Pages/wda.aspx).

When checking for any history of complaints against an applicant or any professional performance issues with the HCCC or the registration authority, 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 should be conducted to determine if there is an unacceptable risk for the NSW Health organisation in appointing the applicant.

Where a risk assessment determines that the risk posed to the NSW Health organisation is significant this information must be used as part of the decision making process. The documented risk assessment must also be provided to the 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. Priority for health assessments should be given to frontline positions. 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 its inherent requirements.

The preferred applicant’s immunisation status needs to be assessed by an appropriately trained staff member (refer to the current NSW Health policy on [occupational assessment, screening and vaccination against specified infectious diseases](http://www.health.nsw.gov.au/pharmaceutical/Pages/wda.aspx)).

It is contrary to NSW anti-discrimination legislation to check general health or exclude applicants on the basis of their health, or illness or disability not relevant to the demands of the job.
2.15 Make recommendations

Once all necessary verification activities and referee checks have been completed and the claims for the position of the preferred applicant(s) confirmed, a recommendation should then be made to the DAO or relevant decision-maker on the preferred applicant(s) for employment, and on any eligibility list created.

The recommendation must be provided to the decision maker, along with the full application, referee reports and documentary evidence that all necessary checks have taken place. The recommendation must include confirmation that the mandatory requirements of the selection process were undertaken, or clearly provide information on exceptions. The decision maker should also have access to all other applications.

This documentation should be in a form that allows for review by a third party, if necessary, in the event of a dispute.

2.15.1 Recommended applicant

The recommended applicant is the applicant who is considered the most suitable person for the job, based on a comparative assessment of applicants’ abilities, knowledge, skills, experience and qualifications (where required) against the selection criteria; past professional conduct and performance, as supported by referee checks and outcomes of the internal Service Check Register check and relevant employment checks.

2.15.2 Eligibility list

The creation of eligibility lists is part of the selection process for positions in NSW Health which have proved difficult to fill, and positions where there is a high turnover or where there is a high demand for a particularly undersubscribed specialty. Any eligibility list is to be submitted for approval as part of the recommendation.

An eligibility list may include one or more applicants who were deemed suitable for the position, but were not the recommended applicant. Where an eligibility list is created, these other suitable applicants must be ranked in order of merit. Eligibility lists are current for up to 12 months, unless otherwise provided by the relevant award.

2.15.3 Australian citizenship / residency considerations

New Zealand citizens are considered to have permanent resident status for the purposes of employment with NSW Health. When they enter Australia, they are generally granted a Special Category Visa (SCV) upon arrival, which allows them to remain and work in Australia as long as they remain New Zealand citizens. As evidence of having been granted an SCV, their New Zealand citizens' passports are stamped, showing the date of arrival in Australia.

All other people entering from New Zealand or any other country require passports and appropriate visas and entry permits.

A person who is not an Australian citizen or a permanent resident is only eligible for temporary employment for a period not longer than the duration of their current visa. The letter of offer of employment 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 aim to fill shortages that cannot be filled from the local labour market. The employment of a visa holder can only occur if there is no local suitable applicant. Information on obligations to undertake labour market testing, and exemptions, can be found on the website of the Department of Home Affairs.

A conditional offer of employment to a suitable overseas applicant may be made prior to their securing a visa where:

- an offer of employment is required for them to apply for a visa
- it has already been established that there is no suitable local applicant, and
- there is an urgent need to fill these frontline positions.

Visa status must be checked and confirmed prior to the person commencing employment within NSW Health. Where a suitable visa has not been granted the offer of employment must be withdrawn, in line with the provisions contained in the conditional offer.

### 2.15.4 Meeting visa requirements

Where the recommended applicant is not already an Australian citizen or permanent resident, they will need an appropriate working visa to work in Australia. In some cases, sponsorship by an Australian organisation is a requirement for such a visa. NSW Health organisations should check for any specific requirements with the Department of Home Affairs. Also see Section 2.15.3 of this policy.

### 2.15.5 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 (more than two member panels) 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.

### 2.16 Preference matching

**For campaign recruitment**

Preference matching is a process to ‘match’ eligible candidates to positions where multiple positions are available across various facilities or networks. The preferences of both the applicants and the facilities / networks is taken into account.

Preference matching must only take place after the merit selection process has been completed. Preferences are not to be used for culling or selecting applicants, as they do not relate to the applicants’ ability to undertake the requirements of the position, but only refer to the applicant’s preferred job location.

Where a position is preference matched, applicants are asked to preference the facilities / networks where they wish to work in order from most to least preferred. An applicant must apply to and preference all networks / facilities for which they want to be considered.

The selection panel, after interviewing all of the applicants for the positions, will also rank the successful applicants. After both rankings have been completed (the applicant’s and that of the
panel), preference matching occurs and candidates are matched against a facility / network. Successful applicants will only receive one offer of employment in the first round of offers. Subsequent offers will only be sent if positions are not filled in the first round of offers and an applicant is on the facility’s eligibility list.

The preferences of both the applicant and selection panel must be kept confidential during the recruitment process. In particular, applicant preferences must not be made available to selection panel members until after the merit selection process has been completed and they have ranked the applicants ready for the preference matching process to be undertaken.

As preference matching is only run on successful applicants who have been recommended against available positions, referee checks must be conducted prior to preference matching.

A specialty wishing to pursue preference matching for the first time should contact the Ministry for further information by emailing recruitmentstrategy@doh.health.nsw.gov.au.

2.17 Approval to appoint

For campaign recruitment

The DAO will be required to approve the recommended applicant(s) and any eligibility lists prior to email offers being made.

Prior to approving the recommendation, the DAO must be satisfied that all necessary selection checks have taken place.

If the DAO overturns the selection recommendation, this must be documented in a manner that clearly explains the decision making process, and that can be reviewed and defended in the event of a complaint.

For ad hoc recruitment

All recommendations to appoint the preferred applicant(s) require approval from the DAO. Such delegations should be made to the lowest possible operational level, as long as the decision maker meets the following criteria:

- They hold a position higher than the position being filled
- There is no conflict of interest in their role as the decision maker.

The convenor of the selection panel may also be the delegated decision maker. In some instances, even where the above considerations have been met, the decision to appoint may have to be escalated to a higher level, e.g. where appointments to the position have proved contentious in the past, the position is high profile, or the selection process has recommenced as a result of a complaint about the original process.

Prior to approving the recommendation, the decision maker must be satisfied that all necessary selection checks have taken place, and that the recommended applicant is an appropriate person to be offered the position. It is not sufficient for the decision maker to approve the employment of an applicant simply because it has been recommended.

If the decision maker overturns the selection recommendation, this must be documented in a manner that clearly explains the decision making process, and that can be reviewed and defended in the event of a complaint.
2.18 Make formal offer

For campaign recruitment

No verbal offers are to be made to candidates. Offers for all positions during the annual JMO recruitment campaign must occur electronically and will be sent automatically from the eRecruitment system.

For ad hoc recruitment

Once the recommended appointment of the preferred applicant(s) has been approved by the DAO, a formal offer of employment may be made to the successful applicant(s).

If the emergency appointment provisions in the employment checks policy need to be activated due to an incomplete NPC consent form and WWCC, a provisional offer may be made in the first instance, subject to satisfactory employment checks policy requirements.

2.18.1 Preliminary email offers

For campaign recruitment

Emails must be sent to all applicants informing them of the outcome of their application. The following email templates are built into the eRecruitment system to send to applicants:

- An email informing the applicant of a preliminary offer of a position
- An email informing the applicant that they have been placed on an eligibility list (these emails will be sent following the initial rounds of offers and once all positions have been filled)
- An email informing the applicant they have not been successful once all offers have been made and all positions filled.

Preliminary email offers cannot be sent until all applicants for the position(s) have been interviewed and the selection committee has agreed on those applicants for whom positions are to be offered and, if applicable, those applicants who will be placed on the eligibility list. Preliminary emails will be issued once the DAO has given approval for an offer to be made.

The preliminary email offer includes a clear statement that the offer is conditional upon successful completion of all pre-employment checks, including the Service Check Register check, and obtaining registration with the Medical Board of Australia. When this offer is accepted, this forms part of the employment contract.

An applicant has 48 hours from the time and date of the email offer to accept or reject a position. If the applicant wishes to discuss the option of delaying their decision, they must contact the convenor. However, failure on the applicant’s behalf to accept or decline the position within the timeframe, or obtain approval to delay their decision, may result in the job offer being withdrawn.

If the applicant does not respond to the email by the end of the 48 hour period, the convenor must make all reasonable attempts to contact the applicant to obtain a response before withdrawing the offer and offering the position to the next person on the eligibility list.

Reasonable attempts to contact the applicant include contacting the applicant on the phone numbers and email provided by the applicant. Once all reasonable attempts have been made and documented, the convenor is to send an email advising the applicant that no response has
been received and that if a response has not been received within a new specified timeframe, the offer will be considered withdrawn.

Applicants are not to be pressured to accept or reject an offer prior to the date specified, and therefore must not be approached during this period other than through the preliminary email offer.

Once offers are made they cannot be withdrawn except in circumstances where:

- no response has been received from the applicant and reasonable attempts to contact the applicant have been made
- adverse pre-employment or Service Check Register checks are returned, credentials cannot be verified
- Medical Board of Australia registration cannot be obtained
- conditions have been placed on the applicant’s medical registration that the applicant did not previously identify, which the facility cannot accommodate, or
- the applicant does not comply with requirements for protection against the specified infectious diseases.

Applicants may only accept one offer of employment. If an applicant receives more than one offer, discussing the roles with convenors may aid decision-making.

2.18.2 Employment documentation

The information included in the employment documentation will allow the applicant to make an informed decision, and allow the NSW Health organisation to subsequently manage the successful applicant in accordance with the relevant award, legislative and policy provisions. The successful applicant must be asked to accept the offer and the related conditions in writing.

Standard letter of offer templates have been developed for the JMO recruitment and are built centrally by HealthShare NSW in accordance with business process requirements.

Under no circumstances is a junior medical staff appointee to commence employment until all pre-employment checks have been undertaken.

The signed letter of employment must be returned within the time period specified in the letter. If the letter is not returned within the required timeframe, reasonable attempts to contact the applicant must be made to determine why the signed letter of employment has not been returned. This must be done prior to the offer being withdrawn.

Under no circumstances is a Junior Medical staff appointee to commence employment prior to completing employment documentation. Acceptance of the terms of employment is to be evidenced by signing the acceptance of offer of employment form.

The successful applicant must not make any alterations to the letter of employment. Any purported amendments or variations to a signed letter of employment will not be accepted and are of no effect and applicants should be advised of this.

For campaign recruitment

While letters of employment may be issued prior to all pre-employment checks (e.g. registration with the Medical Board of Australia, NPC, WWCC and the Service Check
Register check) being conducted, the standard letters state that the offer of employment is subject to satisfactory clearance of these checks.

2.18.3 Where an offer is declined
Where the successful candidate declines the offer, employment screening must be initiated for the next ranked applicant on the eligibility list, and any outstanding remaining actions from Section 2.12 onwards will need to be conducted.

For campaign recruitment
Applicants who have already accepted a position who are subsequently offered another position which they wish to accept, are to notify the employer of the original position as soon as practicable to inform them they will be accepting another position and that they therefore are withdrawing their application for that position.

2.19 Advise unsuccessful applicants
Applicants must be advised in writing that their application was not successful. Contact details (usually the convenor’s) must be provided in case they wish to seek feedback on why their application was unsuccessful. Unsuccessful applicants are also entitled to be informed of the identity of the successful applicant once the offer of employment has been accepted.

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

2.20 Post-selection feedback
Unsuccessful applicants are encouraged to seek feedback on their application as soon as possible after having been advised of being unsuccessful. Such feedback must be provided upon request, usually by the convenor of the selection panel, and a record of the feedback kept with the selection papers. NSW Health organisations may consider providing brief feedback to applicants in their unsuccessful letters, particularly if a large volume of requests is likely and it is not practical to provide direct feedback.

Feedback must:

- take account of relevant information used to make a decision about the applicant, from all stages of the selection process e.g. written application, interview performance, any assessments, referee feedback etc., and

- be provided in a constructive and useful way.

Constructive and useful feedback supports good relations with potentially successful future candidates, and can minimise the likelihood of complaints or GIPA requests for selection documentation.

2.21 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 Appendix 1. Particular note must be given to
the requirement that copies of certain documentation flowing from the recruitment and selection process must also be placed on the successful applicant’s personnel file.

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 committee and other staff involved in managing the recruitment and selection process. All related documentation must be stored securely.

### 2.22 Complaints management: internal review

Unsuccessful applicants may seek to have an internal review of the process utilised to make a recruitment decision.

All complaints about the selection process should:

- be lodged in writing within 14 days of the date the applicants was advised they were unsuccessful
  
  **Note**: Health organisations have the discretion to accept a review request outside this timeframe where this seems fair and justified.

- clearly articulate specific concerns in relation to the process and where the complainant believes it has departed from the requirements outlined in the relevant NSW Health policy, and

- be initially assessed by someone independent to the selection process in question.

Where an initial assessment indicates there is credible evidence to suggest that the standards outlined in NSW Health policy may not have been followed, a more detailed review may be conducted.

A selection panel’s recommendations should only be overturned, and a new process commenced, if any procedural flaws are such as to call into question the substantive validity of the recommendation.

In the event that a change in the recommended applicant occurs, any outstanding actions required by this or any other relevant Policy Directive will need to be completed prior to the new offer of employment.

### 2.23 Commencing work

Once appointed, the appointee should commence work as soon as practicable within an agreed timeframe. In certain emergency situations, provisional commencement of employment may occur prior to finalisation of the criminal record checking process, provided the relevant provisions in the current NSW Health employment checks policy have been met.

Commencing frontline positions should not be delayed purely because there are no vacancies in the relevant orientation program, unless attendance is considered absolutely necessary.

Any changes to the duties of a position need to be reflected in an amended position description/role description which is signed by the incumbent and placed on the relevant personnel file.

### 2.24 Process summary

A checklist, summarising the recruitment and selection process, is at *Appendix 1.*
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Appendix 1.1

**Considering late applications**

A convenor may decide to accept late applications under some circumstances in consideration of the points below.

If a selection committee has already been convened, the convenor may wish to discuss the acceptance of late applications with the selection committee members. Any decision must be applied fairly to all late applications.

Unless there are exceptional circumstances, late applications are not to be accepted after interviews have started.

When deciding whether it is appropriate to accept a late application, some of the relevant facts to be considered include:

- The reason for the late application
- 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.

A record must be kept of any decision and reasons to accept/not accept a late application.
Appendix 1.2

Convenor’s Checklist

To be completed prior to any recommendation to appoint

Before any recommendation is made to a decision maker to appoint an applicant to a position, the convenor is responsible for ensuring that the following actions have occurred in relation to the recommended applicant(s) (for staff specialist and clinical academic positions, use the critical action compliance checklist. This completed Checklist should be retained with the recruitment and selection papers.

- Documentation and identification checks for National Police Checks (NPC), Working with Children Check (WWCC) and the NSW Health Criminal History Declaration as per the employment policy, including citizenship/residency/visa status has been sighted and the details recorded on the Junior Medical Officer (JMO) eRecruit system.
- Vaccination record or Certificate of Compliance sighted and copied or collection of the New Recruit Undertaking/Declaration Form/TB Assessment, as required by the position (note for JMO Annual Recruitment details must be recorded rather than copies taken).
- The originals of any educational, trade, professional or academic qualifications listed as selection criteria are sighted, copied, certified by the NSW Health organisation and retained (there is no need to sight qualifications used to gain registration).
- Any minimum length of experience specified in the selection criteria is confirmed (if not already verified through referee checking).
- Eligibility for identified or targeted positions is confirmed, as required.
- Registration/licence status has been directly confirmed with the licensing/registering authority and any related risk assessment activities have been completed.
- Membership/eligibility for membership of medical/professional boards, colleges or association etc. (where required) has been confirmed with the relevant body.
- Internal service check search (via the NSW Health Service Check Register) and any related risk assessment activities have been completed.
- Any additional position specific checks deemed necessary have been conducted e.g. Health Care Complaints Commission and any related risk assessment activities have been completed.
- At least two referee checks have been conducted, in line with the standards in this Module.
- A NPC consent form has been collected from the recommended applicant(s)
- Working with Children Check (WWCC) clearance number has been verified with the Children’s Guardian and appropriate records are kept – refer to the current NSW Health policy on employment checks for further details and exemptions
- Declaration on authority to prescribe, supply, dispense or administer prescribed restricted substances and/or drugs of addiction has been completed by the applicant, where relevant, and details of any restrictions have been checked and assessed to determine the ability of the applicant to undertake the duties of the position (see Section 2.14).
Appendix 1.3

Recruiting Aboriginal people into the NSW Health Service

- Recruitment and Selection Training: Respecting the Difference
  Convenors and panel members should have undertaken the available Respecting the Difference Aboriginal Cultural Training Program and have a functional knowledge of:
  - Culturally safe work spaces
  - Culturally safe client care
  - Social and Cultural Determinants of Health
  - Culturally safe service delivery
  - Local Aboriginal community engagement
  - Cultural competence
  - The NSW Health Code of Conduct
  - The NSW Health CORE values
  - Closing the Gap and patient care outcomes
  - Closing the Gap and Aboriginal employment and economic development outcomes.

  Additional support is available for managers undertaking recruitment activities through the Stepping Up online recruitment and retention resource.

- Definitions
  Identified position: An identified position is one where Aboriginality is a genuine occupational qualification. Typically, such positions work directly with Aboriginal people and are involved in developing and/or delivering services and programs which have an impact on Aboriginal people and/or involve dealing with Aboriginal communities.

  Aboriginal cultural knowledge may be a core requirement of the position and the job requirements should be assessed during planning of a potentially identified position. Such an assessment may include whether the position holder should:
  - Have knowledge of Aboriginal and/or Torres Strait Islander cultures and communication protocols in order to be effective
  - Have an awareness and understanding of the sensitivities of Aboriginal culture and current issues affecting Aboriginal communities
  - Have experience in effective cross-cultural communication
  - Develop, implement and administer policies, services and programs which have an impact on Aboriginal people
  - Deliver programs and services through an ongoing transfer of Aboriginal cultural knowledge, skills and practice to deliver programs to support Aboriginal and non-Aboriginal employees.

  For identified positions the following statement should be included in the job advertisement: In this role Aboriginality is a genuine occupational qualification and is authorised by section 14(d) of the Anti-Discrimination Act 1997.
Appendix 1.3 continued

Targeted position: A targeted position is a ‘mainstream’ position which is filled using advertising and recruitment strategies that maximise applications from Aboriginal people. Aboriginal cultural knowledge is not an essential occupational qualification for targeted positions and therefore is not a compulsory requirement of the applicant.

For targeted positions the following statement should be included in the job advertisement: *Aboriginal people are encouraged to apply and, where found suitable, will be given higher priority. Aboriginal applicants may have to cite their Aboriginality in addition to the selection criteria.*

Further information can be sought from the relevant NSW Health organisation’s Aboriginal Employment Coordinator or Manager of Aboriginal Workforce Development.

- **Citing Aboriginality**

   Applicants for identified positions will be required to cite their Aboriginality.

   Respectively, each and every Aboriginal person has the inherent right to cite and corroborate their Aboriginality as they choose. Essentially the statutory requirements for Aboriginality are simple – it is based upon descent. Further descriptors are now recognised but are at the discretion of the individual.

   Obtaining information that corroborates Aboriginality may be an extremely difficult and lengthy process for people in these situations. It is important that such difficulties are not a barrier for recruitment and that support is provided to applicants to explore their options for corroborating Aboriginality.

   For applicants unable to access documentation from their Local Aboriginal Land Council or other incorporated Aboriginal organisation, consideration should be given to providing more flexible arrangements for corroborating their Aboriginality.

   Such options may include:
   - Community advice
   - Statutory declaration
   - Referee checks
   - Family histories and contacts

   To support this, the applicant may demonstrate their Aboriginality and ties or connection to the Aboriginal community in which they live, or have lived, or have worked, during the interview process.

   An Aboriginal person who has previously held an identified position in a NSW government department is not required to re-cite their Aboriginality. However, the panel may, for the purpose of selecting the appropriate candidate for the position, seek additional information to ensure elements of the position relevant to local communities / position purpose are achieved through the recruitment process.

   Answers to questions asked by the panel should show that the applicant meets the three determining criteria in the *NSW Aboriginal Land Rights Act 1983*. The applicant must:
   1. Be of Aboriginal descent and
   2. Identify as an Aboriginal person and
   3. Be accepted by the Aboriginal community in which he or she lives or has lived.

   For further information please refer to the *Stepping Up* online recruitment and retention resource or the ‘Confirming Aboriginality Guidelines for NSW Public Sector Agencies’.

   The panel should also be aware that positions funded through Indigenous Cadetship Support may have additional requirements around citation of Aboriginality.
Referees
Referees play a crucial role in determining the most appropriate candidate for the position through the process assessment stage. It is important that training and support for external panel members should be considered and provided prior to the formation of the panel if possible.

External referees can provide the panel with additional and important information that the candidate can offer to the position. This could include advocating for the candidates cultural knowledge and understanding, local community knowledge, connection to community and citation of Aboriginality.

Aboriginal Employment Coordinators or Managers of Aboriginal Workforce can provide assistance with managing local communication and connection to local matters that may arise.

Orientation for Aboriginal staff
The Aboriginal person you have employed may be new to employment or to the organisation, or may have had different employment experiences within the system. A more personal orientation to the site, the unit and the team, other Aboriginal personnel and networks and understanding the purposes of the position and its context within the service, is a recommended first step in ensuring the new employee feels welcomed.

This can serve as a platform for introducing all the formal orientation activities which the new Aboriginal employee will be undertaking, and assist with the uptake of information and the development of trust within the new work environment.
## RETENTION OF RECRUITMENT AND SELECTION RECORDS
(records can be hard copy or electronic where eRecruit is implemented)

### 1. Selection process documentation (including unsuccessful applications and offers of employment which were not accepted)

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Minimum Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement and job information (incl. position/role description and selection criteria)</td>
<td>2 years after recruitment finalised, then destroy</td>
</tr>
<tr>
<td>Selection committee report or report of selection on other grounds (signed by approving officer), including any completed Convenor’s Checklist/Critical Actions Compliance Declaration</td>
<td>(But note differing retention period for any criminal history received in response to a NCRC).</td>
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<tr>
<td>Eligibility list</td>
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<tr>
<td>Records of any internal process reviews</td>
<td></td>
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<tr>
<td>Selection documentation related to each unsuccessful applicant or applicant who has not accepted an offer of employment</td>
<td></td>
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<tr>
<td>Full application including resume, any written references and any other supporting information</td>
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<tr>
<td>Any supplementary information subsequently provided</td>
<td></td>
</tr>
<tr>
<td>Any declarations and consent forms signed by the applicant (including any Health Declarations by any recommended applicants subsequently not employed *)</td>
<td></td>
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<tr>
<td>A completed the National Police Check (NPC) consent form</td>
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</tr>
<tr>
<td>Note: No details of an applicant’s criminal history received as a response to a NPC should be recorded or maintained within the eRecruit system. Any criminal history record obtained as part of the selection process must be destroyed as soon as risk assessment is completed, or within 3 months at the latest.</td>
<td></td>
</tr>
<tr>
<td>For any overseas / aged care applicants, copy of any signed statutory declaration and/or overseas police certificate</td>
<td></td>
</tr>
<tr>
<td>Record of any risk assessments arising from a Service Check Register check or a NPC, and associated records *</td>
<td></td>
</tr>
<tr>
<td>Any medical advice to the employer regarding an applicant's ability to carry out the inherent requirements of the position and any consequent decisions by the employer *</td>
<td></td>
</tr>
<tr>
<td>Copy of any advice provided to the applicant re the outcome of the selection process</td>
<td></td>
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</table>

### 2. Successful applications

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Minimum Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job information (including position description/role description and selection criteria)</td>
<td>75 years after date of birth or 7 years after employment ceases, whichever is longer, then destroy.</td>
</tr>
<tr>
<td>Full application including resume and any written references</td>
<td></td>
</tr>
<tr>
<td>Completed confirmation of selection panel membership</td>
<td></td>
</tr>
<tr>
<td>Written record of information obtained via referee checks</td>
<td></td>
</tr>
<tr>
<td>Written record of past performance checks and any significant findings</td>
<td></td>
</tr>
</tbody>
</table>

* Retain on a separate, confidential file kept in a secure location and accessible only to authorised staff.
RECRUITMENT AND SELECTION PROCESS CHECKLIST

Review of position information
☐ Review and update all position information.
☐ Identify / review inherent job requirements.
☐ Develop / review selection criteria (based on the inherent job requirements).

Advertising
☐ Explore redeployment of injured and/or displaced employees.
☐ Review any appropriate eligibility list(s).
☐ Review further options for filling the vacancy without advertising.
☐ Decide how and where to advertise (internal/external, rolling advertisements, specialist media etc.).
☐ Prepare advertisement and job information package (incl. contacts for information).
☐ Place the advertisement.
☐ If using a recruitment consultant, seek appropriate approval and arrange for a contract detailing roles and responsibilities.

Application management
☐ Provide applicant information kits and any further information to applicants as necessary.
☐ Date receipt of applications and acknowledge receipt to applicants.
☐ If selection process delayed, advise applicants.
☐ Review applications and follow up on any missing information.
☐ Collate applications for the convenor (incl. any late applications but note lateness).

Selection process
☐ Convene selection panel.
☐ Cull applications.
☐ If the field is not reasonable, consider and decide on further options (e.g. re-advertise, use a recruitment consultant, leave position vacant).
☐ Determine what methods will be used to assess the suitability of applicants.
☐ Schedule interviews, tests, assessments and advise applicants.
☐ Conduct interviews, tests, assessments etc.
☐ Ensure all required evidence has been sighted, and details recorded or copied as required (e.g. identity, citizenship or residency status, immunisation status, professional qualifications, professional registration/license status etc.).
☐ Verify information provided by the applicant.
☐ Check registration/licence status directly with the registering/licensing authority.
☐ Review each applicant’s relative merit for the position (based on selection criteria)
☐ Conduct referee checks on at least the preferred applicant(s), assess results.
☐ Initiate other external checks e.g. HCCC if required for the preferred applicant.

Checks on preferred applicant
☐ Initiate the relevant health assessment of the preferred applicant(s), if applicable.
☐ Assess outcomes of any health assessment.
☐ If required, consider reasonable adjustment in line with current Government Sector Employment Act.
☐ Conduct internal Service Check Register (SCR) check and undertake risk assessment, if required.
☐ Verify Working With Children Check number with the Children’s Guardian.
☐ Initiate National Police Check, as appropriate.
☐ Where necessary, conduct risk assessment on any criminal history identified.
Finalising the selection

- Match successful applicant(s) with available positions (bulk recruitment).
- Make recommendations for appointment and eligibility list.
- Following selection decision by Chief Executive or delegate, make job offer(s).
- If declined, initiate relevant verification and employment checking actions for next person on the eligibility list.
- If accepted, refer to the appointment process.
- Advise unsuccessful applicants that their application was not successful and who the successful applicant was, and provide feedback as required.
- Document all steps of the recruitment process and retain records.

Complaints

- Conduct initial assessment of complaint.
- Conduct process review if necessary.
- Maintain documentation.
Appendix 1.6

Referee Report

- This referee report will be used for all positions the applicant has applied for during the annual Junior Medical Officer recruitment campaign. However, a convenor may also seek further clarification from a referee on information provided in the referee report or raised during the interview phase.
- If this referee report has been completed online or in writing you will be contacted by a medical administration representative to verify the referee report was completed by you.
- Please complete the questions below. In providing your responses you may wish to consult with others that have worked with the applicant and have direct knowledge of their skills, performance and competencies.
- By completing this referee report you are confirming that you are providing an honest, accurate and completed response to each question.
- The information you provide may form part of the selection committee report, which may be used in providing feedback to the applicant.

NAME OF APPLICANT: __________________________________________

Referee name: _________________________________________________
Position title and organisation: ________________________________
Email address: ________________________________________________

Contact number: ______________________________________________

Relationship to the applicant: ________________________________

Were you his/her supervisor?
If so for what period of time? ________________________________

Length of time you have known the applicant
/ Dates you have worked with applicant: ________________________________

**1. How would you describe the applicant’s skills/experience/competence (as appropriate) in the workplace in relation to the question outlined the below?**

**Clinical Decision Making**

a. How would you assess the applicant’s ability to apply their clinical knowledge and concepts to clinical situations?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment
Further comments (if any):

b. How would you assess the applicant’s clinical judgement, skills and ability to perform appropriate clinical assessments?
   - Poor
   - Satisfactory
   - Good
   - Excellent
   - Not able to comment

Further comments (if any):

Organisation and planning

c. How would you assess the applicant’s willingness to participate in quality improvement activities that contribute to improving patient care?
   - Poor
   - Satisfactory
   - Good
   - Excellent
   - Not able to comment

Further comments (if any):

d. How would you assess the applicant’s ability to manage their time and competing priorities?
   - Poor
   - Satisfactory
   - Good
   - Excellent
   - Not able to comment

Further comments (if any):
Collaboration

e. How would you assess the applicant’s ability to maintain positive relationships within the workplace?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any):

f. How would you assess the applicant’s ability to prevent, negotiate and resolve conflict between peers and other disciplines?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any):

Learning

g. How would you assess the applicant’s ability to accept feedback, learn from experience and modify their behaviour appropriately?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any):
h. How would you assess the applicant’s willingness to take advantage of learning opportunities and their commitment to ongoing education and training?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment

Further comments (if any):

Professionalism

i. How would you assess the applicant’s ability to act appropriately and respectfully toward colleagues and patients?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment

Further comments (if any):

j. How would you assess the applicant’s punctuality and attendance in the workplace?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment

Further comments (if any):
Communication

k. How would you assess the applicant’s ability to build a rapport and convey relevant information and explanations to patients and their families?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment

Further comments (if any):

l. How would you assess the applicant’s ability to convey clear and timely written and verbal information to colleagues and maintain adequate record documentation?

☐ Poor
☐ Satisfactory
☐ Good
☐ Excellent
☐ Not able to comment

Further comments (if any):

2. Would you re-employ the applicant if the opportunity arose? Why/why not?

3. Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?

4. Is there anything else you think would be relevant for us to consider?
Appendix 1.7

Governance arrangements for
statewide centralised recruitment and centralised panels

Each year the recruitment of JMOs into vocational and non-vocational positions for the following clinical year occurs as an annual recruitment process utilising the JMO eRecruit system. To improve efficiencies for specialties that recruited small numbers of trainees per facility, and reduce the burden on trainees of having to apply for multiple positions at multiple facilities, the use of statewide centralised recruitment panels commenced in 2007.

1 Definitions

Statewide centralised recruitment is a business process within JMO recruitment, whereby participating specialties recruit to vacancies across the state using one advertisement within the JMO eRecruit system, as well as a centralised interview process. In this way, the selection panel is able to consider an interviewee for multiple roles in that specialty across the state. A specialty which uses a centralised interview process but only considers applicants for appointment within a limited area, for example within a Local Health District/Specialty Health Network or not all of state, is not considered to be a specialty taking part in statewide centralised recruitment. However, a specialty as a whole may agree that rural facilities may recruit outside this process due to their location.

Statewide centralised recruitment panel refers to a selection panel for a specialty which is conducting statewide centralised recruitment. This panel must be constituted and comply with the roles and responsibilities as outlined in Section 2.10.1.

Convenor in a statewide centralised recruitment panel has primary duties which are the same as those outlined in Section 2.10.2. The additional responsibilities specific to statewide centralised recruitment panels are outlined in the JMO recruitment business process document released each year by HealthShare NSW. The convenor, or any college / association which may be involved in nominating a convenor, may not recoup from the Ministry of Health any costs associated with conducting statewide centralised recruitment.

The convenor for a statewide centralised recruitment panel may be the same as the year before, however it is recommended the convenor is not the same person more than three years running. The nominated associate convenor should be considered a successor to the convenor.

Associate Convenor assists the convenor and is able to undertake the role of the convenor should the convenor become unavailable.

JMO host unit refers to the JMO unit, however named, which manages and hosts a statewide centralised recruitment panel. The host unit may or may not be located in the same facility as the convenor.
2 Governance arrangements

An authorised representative/s, such as persons nominated by the executive committee or equivalent of the specialty, will liaise with the Ministry of Health to establish a centralised recruitment process, if the specialty is eligible and prepared for statewide centralised recruitment. If approved, the Ministry of Health will advise stakeholders through the JMO recruitment committee and by other means of the specialty, sub-specialty (if applicable), position type, contract length for letters of appointment, contact information for the JMO host unit, convenor and associate convenor.

Local Health Districts/Specialty Networks which benefit from statewide centralised recruitment are eligible to have facilities nominated to act as a JMO host unit for one of the specialties. The Ministry of Health will receive recommendations from the JMO recruitment committee as to JMO host units.

Where possible, the same facility will act as JMO host unit for the same statewide centralised recruitment panel for a minimum of three years to benefit from the improved efficiencies which develop from prior experience. The Ministry of Health will notify the Chief Executive of the Local Health District/Specialty Network as well as the facility that they have been nominated.

If the Local Health District/Specialty Network does not accept the nomination to host a statewide centralised recruitment panel at the nominated facility, the Local Health District/Specialty Health Network Chief Executive (or delegate) will nominate where else within their Local Health District/Specialty Health Network the JMO host unit may be located.

Where a specialty agrees to participate in a centralised panel, they are required to remain in that process for that recruitment/action/year and abide by the decision of the panel and outcome of the process.

The roles and responsibilities of all stakeholders in the statewide centralised recruitment process will be published annually in the HealthShare Business Process document for the JMO recruitment campaign.

Preliminary email offers for centralised recruitment panels follow the same requirements as outlined in Section 2.18.1. In the case of a statewide centralised panel each successful applicant is allocated to a facility. However in the situation that an applicant declines an offer the facility will utilise the eligibility list. If the facility is unable to fill the vacancy using the eligibility list, the position will be readvertised.

If a statewide centralised recruitment panel is unable to fill all vacancies then the position is readvertised and the same interview panel is to be reconvened to undertake the recruitment process. It may be acceptable to have a smaller interview panel if all members of the original panel are not able to attend and agree to a smaller panel. The requirements for interview panels as stated in Section 2.10 must still be met.
Appendix 1.8

**Allocation process for NSW Health Trainees not in networked positions to enable letters of employment for the minimum potential period of their training program to be offered**

In 2007, the introduction of Policy Directive *Medical Officers – Employment Arrangements in the NSW Public Health System* enabled trainees to be engaged under one employment contract for the minimum period of their training program.

Some specialty training programs which do not have formal networks with predetermined training places were not utilising this option, but undertook an annual recruitment process to facilitate the allocation of trainees to their next training position.

An allocation process now replaces the annual recruitment process for those specialities that do not have a formalised network arrangement to determine placements for 2nd/3rd/4th year trainees.

The allocation process will increase efficiency by reducing the administration burden on clinicians, administration and the trainees themselves, as it will not be as resource intensive as a full recruitment process.

**Governance arrangements**

Authorised representatives, such as persons nominated by the executive committee or equivalent of the specialty will liaise with the Ministry of Health to determine if their specialty is eligible and prepared for an allocation process.

If approved, the Ministry of Health will advise stakeholders through the Junior Medical Officer recruitment committee and by other means.
Appendix 1.9

Information sessions for applicants

Where medical specialties or networks conduct formal information sessions, they should be held at a location that allows all interested prospective applicants to attend either in person or remotely (such as via web or video conference). These sessions should allow applicants to gather information about the specialty/network and facilities, meet other JMOs currently training in the specialty, meet senior clinicians and other relevant staff.

Prospective applicants should never be invited or encouraged to attend one on one meetings (‘pre-meets’, ‘pre-interviews’ or however named) with convenors, panel members or senior clinicians to discuss their capability or suitability for employment, as this should only be explored through formal assessment methods available to the entire selection panel.

The following should not be raised with / asked of applicants:

1. Personal circumstances such as:
   a. Marital/relationship status
   b. Children or future plans for children
   c. Carer’s responsibilities or child care arrangements
   d. Sexuality
   e. Age
   f. Religious beliefs
   g. Disability or impairment.

2. Plans for taking of extended periods of leave, including maternity leave or the need to engage in flexible work practices in the future to facilitate family responsibilities

3. What preference the candidate may have for facilities / networks within the specialty

4. How the specialty / network has assessed or preferred any applicants

5. Who else has applied to the specialty / network.
Appendix 1.10 - Identification Checklist for consent to undertake a National Police Check (NPC)

**Instructions**

a) To lodge a National Police Check (NPC), original identifying documents must be sighted (scanned or photocopied certified copies are not acceptable), checked against each other and the applicant for linkage and consistency (refer Information Sheet on NSW Health Intranet) and against the applicant’s completed NSW Health NPC Consent Form and this Checklist completed. This must be by a NSW Health staff member (as appropriately delegated). There is no requirement to retain copies of the identification documents.

b) The combination of documents sighted must include the applicant’s full name, date of birth and photograph: If the applicant is unable to provide a photo in a Commencement of identity/Primary Use in Community document, a passport-style photograph certified by a person listed in Schedule 2 of the Statutory Declarations Regulations 1993 (Cth) must be provided.

c) As a minimum requirement, the applicant must provide four identity documents:
   - one ‘commencement of identity’ document (Section 1 below)
   - one ‘primary use in the community’ document (Section 2 below)
   - two ‘secondary use in the community’ document (Section 3 below)

If they cannot meet these requirements, refer to the Special Provisions (Section 4 below)

d) **Change of Name**- If an applicant provides identity documents using a former name, such as a maiden name, they must provide evidence of the name change in addition to the four identity documents. This means providing a:
   - change of name certificate issued by an Overseas Government Agency or Australian Registry of Births, Deaths and Marriages or
   - Marriage certificate issued by an Overseas Government Agency or an Australian state or territory (church or celebrant issued certificates are not accepted) or
   - Deed Poll.

e) **Evidence of ability to work in Australia**: If the documents do not include an Australian/New Zealand passport or Australian birth/citizenship certificate, a valid visa or work permit allowing the person to work in Australia must be sighted.

Applicant’s Full Name: __________________________

<table>
<thead>
<tr>
<th>Description of document</th>
<th>Full name on document (including middle names)</th>
<th>Date issued</th>
<th>Place/ Office of issue/ issuing organisation</th>
<th>Expiry date</th>
<th>Checked Against NPC Consent Form</th>
<th>Document Type (eg Commencement, Primary or Secondary)</th>
</tr>
</thead>
<tbody>
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**Mandatory record of document sighted that confirm person’s ability to work in Australia**

I have checked the details provided above against the applicant’s National Police Check consent form as required at point (a) above, and I confirm:

- the names in the ID documents are the same (or are linked), address details are consistent and signatures and photos match and are the same as the person presenting them, and
- the names in the ID documents are included in the consent form, and
- any reference numbers for documents detailed in the consent form match those I have sighted today.
and

- the applicant has provided evidence that they are allowed to work in Australia, as required at point (e) above

I have confirmed with the applicant that all aliases / former / middle names are included in the consent form.

Full Name: ----------------------------Position: ------------------------ Employee Number: -----
----------NSW Health Organisation: ------------------------Signature: ------------------------ Date: ------------------------

---

**Documents**

<table>
<thead>
<tr>
<th>Section 1: Commencement Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Full <strong>Australian Birth Certificate</strong> (not extract or birth card)</td>
</tr>
<tr>
<td>b) Current <strong>Australian passport</strong> (not expired)</td>
</tr>
<tr>
<td>c) <strong>Australian Visa</strong> current at the time of entry to Australia as a resident or tourist</td>
</tr>
<tr>
<td>d) <strong>ImmiCard</strong> issued by Immigration and Border Protection that enables the cardholder to prove their visa and/or migration status and enrol in services</td>
</tr>
<tr>
<td>e) <strong>Certificate of Identity</strong> issued by Foreign Affairs and Trade to refugees and non-Australian citizens for entry to Australia</td>
</tr>
<tr>
<td>f) <strong>Document of Identity</strong> issued by Foreign Affairs and Trade to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes</td>
</tr>
<tr>
<td>g) Certificate of <strong>evidence of resident status</strong>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Primary Use in the Community Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) <strong>Current Australian drivers licence</strong>, learner permit or provisional licence issued by a state or territory, showing a signature and/or photo and the same name as claimed.</td>
</tr>
<tr>
<td>b) <strong>Australian marriage certificate</strong> issued by a state or territory (church or celebrant-issued certificates are not accepted)</td>
</tr>
<tr>
<td>c) <strong>Current passport</strong> issued by a country other than Australia with a valid entry stamp or visa</td>
</tr>
<tr>
<td>d) <strong>Current proof of age or photo identity card</strong> issued by an Australian Government agency in the name of the applicant, with a signature and photo</td>
</tr>
<tr>
<td>e) <strong>Current shooters or firearms licence</strong> showing a signature and photo (not minor or junior permit or licence)</td>
</tr>
<tr>
<td>f) For persons under 18 years of age with no other Primary use in the Community Documents, a <strong>current student identification card</strong> with a signature or photo.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3: Secondary Use in the Community documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) <strong>Certificate of identity</strong> issued by Foreign Affairs and Trade.</td>
</tr>
<tr>
<td>b) <strong>Document of identity</strong> issued by Foreign Affairs and Trade.</td>
</tr>
<tr>
<td>c) <strong>Convention travel document secondary</strong> (United Nations) issued by Foreign Affairs and Trade</td>
</tr>
<tr>
<td>d) <strong>Foreign Government issued documents</strong> (for example -drivers licence)</td>
</tr>
<tr>
<td>e) Medicare Card</td>
</tr>
<tr>
<td>f) Enrolment with the Australian Electoral Commission</td>
</tr>
<tr>
<td>g) Security Guard or Crowd Control photo licence</td>
</tr>
<tr>
<td>h) <strong>Evidence of right to an Australian Government Benefit</strong> (Centrelink or Veterans’ Affairs)</td>
</tr>
<tr>
<td>i) <strong>Consular Photo Identity Card</strong> issued by Foreign Affairs and Trade</td>
</tr>
<tr>
<td>j) <strong>Photo Identity Card</strong> issued to an officer by a Police Force</td>
</tr>
<tr>
<td>k) <strong>Photo Identity Card</strong> issued by the Australian Defence Force</td>
</tr>
<tr>
<td>l) <strong>Photo Identity Card</strong> issued by the Australian Government or a state or territory government</td>
</tr>
</tbody>
</table>
Translation of identity documents to English

If an identity document is provided in a language other than English, an accredited translation must be obtained from the National Accreditation Authority for Translators and Interpreters.

Section 4 – Special Provisions

Special Provision 1 – where the applicant cannot provide from all three categories

Where the applicant cannot provide a:

- **Commencement in the Community document, they must provide:**
  - One primary use in the community document and
  - Three secondary use in the community documents, one of which must contain a photograph
- **Primary use in the Community document, they must provide:**
  - One commencement of identity document and
  - Three secondary use in the community documents
- **Secondary use in the community document, they must provide:**
  - One commencement of identity document and
  - Three primary use in the community documents

At least one document provided must contain proof of the applicant’s full name, date of birth and photograph. If the applicant cannot provide a document with a photograph, they must submit a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993 (Cth)*.

Special Provision 2 – Verification of an applicants claimed identity by an authorised referee

If the applicant cannot provide any identity documents from the three special provision categories, they must provide a:

- Passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993 (Cth)* and
- An authorised referee report that substantiates their claim

The authorised referee must:

- Meet the Australian Criminal Intelligence Commission’s authorised referee requirements
- Complete the required sections in the special provisions form, including a declaration
- Provide, if requested, a written reference confirming the applicant’s identity on company or/organisation letterhead.

Special Provision 3 – Verification of the applicant’s identity with a parent, legal guardian or authorised agent

Access to this provisions is restricted to applicants who:

- are under 18 years of age
- have a disability requiring part or full-time care from an authorised agent
- were raised in foster care or similar arrangements

To meet the requirements of Special provision 3, the applicant, parent, legal guardian or authorised agent must all meet these minimum proof of identity requirements.
Applicant must provide:
- one identity document containing a photograph from the primary use in community or commencement of identity categories. If they cannot, they must submit a passport-style photograph certified by a person listed in Schedule 2 of the Statutory Declarations Regulations 1993 (Cth).

Parent, legal guardian or authorised agent must:
- confirm their own identity by meeting the minimum proof of identity requirements and
- provide a documentary link between the child and the parent or legal guardian, such as the child’s birth certificate or provide a documentary link between the applicant and their authorised agent, such as a signed power of attorney.

### Special Provision 4 – limited to overseas applicants not in the country at the time of the check

Applicant must provide:
- a current overseas passport and
- three of any of the following: a foreign driver’s licence, a birth certificate, bank card, evidence of qualifications from a tertiary institution, utility bill, government issued ID card, evidence of membership of professional association

Certified copies of original documents must be sighted before lodgement of NPC and originals provided after arrival in NSW.
Appendix 1.11 - JMO Contract Extensions via eForms

Where eForms are used for contract extensions of JMOs:

- A JMO contract should not be extended more than once.
- Extensions for full time engagements must be no longer than 12 months. The new contract end date must not extend beyond the end of the current clinical year.
- Extensions for part time engagements can only be longer than 12 months where the JMO is returning at reduced hours and the extension is to allow them to complete a period of training.
- Extensions should not be accompanied by any other change to the original JMO terms of engagement (eg re-grading) with the exception of reduced hours.
- All approvals in line with local delegations must be sought before final lodgement of the form by the LHD/N. Approvers must be advised if the same JMO has previously been extended (NB this will need to take place ‘offline’ as it will not be prompted by the eForm business process). The approval process and delegations will not be checked by HSNSW prior to processing.
- The District Director of Medical Services (or delegate) or delegated authorising officer (DAO) for JMO recruitment purposes should be made aware of any JMO extensions taking place through eForms as they have specific risk management responsibilities in relation to JMO recruitment.
- Career Medical Officers (CMOs) are distinct from JMOs and covered by the Public Hospital Career Medical Officers (State) Award and may be engaged on an ongoing basis.
- eForm extensions will not result in a revised contract to the JMO. eForms will only send an email notification regarding the contract extension. Contracts should not be generated offline to accompany eForm extensions.

Please note:

In exceptional circumstances, JMO contract extensions are permissible to cover an unavoidable period of leave during a contract period. All such extensions must be approved by the CEO or delegate with appropriate authorisation. Contracts are not to be extended to allow additional time for a trainee to complete a component of training, or as an alternative to recruitment where a recruitment episode has been unsuccessful.