Locum Medical Officers - Employment and Management

Summary  The policy outlines the employment and management processes to be applied by Public Health Organisations when engaging a Locum Medical Officer in the NSW Health Service through Medical Locum Agencies. This policy applies when engaging junior medical staff to be employed as Locums, including cover for Interns, Residents, Registrars and Career Medical Officers. This policy does not apply to the appointment of visiting medical officers (VMOs), Dentists, staff specialists or any medical professional whose appointment requires recommendation through the Medical and Dental Appointment and Advisory Committee (MDAAC). This policy should be read in conjunction with the NSW Health Standards and Conditions for the provision of Locum Medical Officers to the NSW Health Services.

Document type  Policy Directive
Document number  PD2013_022
Publication date  07 August 2013
Author branch  Workforce Planning and Development
Branch contact  9391 9649
Replaces  PD2011_063
Review date  07 August 2018
Policy manual  Not applicable
File number  H13/48986
Previous reference  N/A
Status  Rescinded
Rescinded by  PD2018_019
Rescinded date  15 June 2018
Functional group  Clinical/Patient Services - Governance and Service Delivery, Personnel/Workforce - Industrial and Employee Relations, Recruitment and selection
Distributed to  Public Health System, Health Associations Unions, Ministry of Health
Audience  Administration;Medical Officers;Clinical Staff;Nursing;Emergency Departments

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This Policy Directive may be varied, withdrawn or replaced at any time.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.
LOCUM MEDICAL OFFICERS – EMPLOYMENT AND MANAGEMENT

PURPOSE

This policy outlines the employment and management processes to be applied by Public Health Organisations when engaging a Locum Medical Officer in the NSW Health Service through Medical Locum Agencies.

This policy applies when engaging junior medical staff to be employed as Locums, including cover for Residents, Registrars and Career Medical Officers.

This policy does not apply to the appointment of Visiting Medical Officers (VMOs), Dentists, Staff Specialists or any medical professional whose appointment requires recommendation through the Medical and Dental Appointments Advisory Committee (MDAAC).

MANDATORY REQUIREMENTS

Employment of a Locum Medical Officer must only occur as a last resort in service critical areas (Section 2.3).

All Public Health Organisations are to have a Casual and Locum Staffing Service for the management of casual and temporary medical placements and all shifts requiring a Locum Medical Officer are to be managed through the Casual and Locum Staffing Service (Section 2.4).

Locum Medical Officers must be engaged through a Medical Locum Agency listed on the NSW Health Register of Medical Locum Agencies. Public Health Organisations are required to have an agreement with Medical Locum Agencies for the introduction of Locum Medical Officers. The Agreement must be consistent with Appendix G which incorporates the requirements set out in the NSW Health Standards and Conditions for the provision of Locum Medical Officers to the NSW Health Districts (Section 2.5).

Public Health Organisations must ensure that evidence of Locum Medical Officers pre-placement checks are supplied by the Medical Locum Agency. Locum engagements should only be used to fill casual, short term vacancies, for periods not exceeding 13 weeks (Section 2.6).

IMPLEMENTATION

The Casual and Locum Staffing Service in each Public Health Organisation are responsible for:

- Organising agreements between the Public Health Organisation and the Medical Locum Agency (Section 2.5);
- Rostering and engaging suitably credentialed medical staff registered with the casual medical pool (Sections 2.2 and 2.3);
- Engaging a Locum Medical Officer to fill identified vacant shifts on the basis of satisfactory performance (Sections 2.2 and 2.3);

The engaging department of the Public Health Organisation must ensure that:

- All steps are taken to fill a shift prior to requesting the Casual and Locum Staffing Service fill a shift (Sections 2.3);
- The level of experience and skill required from a Locum Medical Officer is specified to the Casual and Locum Staffing Service (Section 2.4);
- That appropriate identification and documentation is obtained when a Locum Medical Officer presents for a shift (Section 2.6);
- Performance management and professional development of Locum Medical Officers operate effectively (Section 2.7).
REVISION HISTORY

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<th>Amendment notes</th>
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<td>August 2013</td>
<td>Deputy Director General Governance Workforce &amp; Corporate</td>
<td>Amends section 1.5 with current policy references</td>
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<td>(PD2013_022)</td>
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<td>Amends Appendix B with correct references</td>
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<td>Deletes Appendix E (100 point identification check)</td>
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<td>Amends Appendix G with correct references</td>
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<tr>
<td>October 2011</td>
<td>Deputy Director General Health System Support</td>
<td>Amends section 2.6.3, 2.6.4 Appendix B, Appendix B1 and Appendix H</td>
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<tr>
<td>July 2009</td>
<td>Deputy Director General Health System Support</td>
<td>Amends section 2.6.1 and Appendix H.</td>
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<tr>
<td>(PD2009_051)</td>
<td></td>
<td>Under Section 2.6 a new Section 2.6.2 added</td>
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<td>New Policy</td>
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ASSOCIATED DOCUMENTS

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Locum Medical Officers – Employment and Management

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1.0 About This Document

1.1 Title - Locum Medical Officers - Employment and Management Policy and Guidelines

1.2 Responsibility - Workforce Development and Innovation Branch

1.3 Compliance

All Public Health Organisations are to comply with this policy with no variation.

1.4 Applicability

This document applies to all junior medical staff employed as Locums, including cover for, Residents, Registrars, and Career Medical Officers.

The policy does not relate to the appointment of Visiting Medical Officers (VMOs), Dentists, Staff Specialists or any medical professional whose appointment requires recommendation through the Medical and Dental Appointment Advisory Committee (MDAAC)

1.5 Related Policies

As amended from time to time

- PD2005_162 HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected
- PD2013_050 Workplace Health and Safety: Better Practice Procedures
- PD2005_593 Privacy Manual (version 2) NSW Health
- PD2012_018 Code of Conduct
- PD2006_070 Complaint or Concern about a Clinician – Principles for Action
- GL2006_002 Complaint or Concern about a Clinician - Management Guidelines
- GL2007_023 Fatigue – Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System
- PD2007_036 Infection Control Policy
- PD2014_004 Incident Management
- GL2008_005 Senior Career Medical Officers: Guidelines for Personal Regrading and Establishment of New Positions.
- PD2013_028 Employment Checks - Criminal Record Checks and Working with Children Checks
- PD2008_071 Medical Practitioners – Compliance with Registration Conditions
- PD2012_046 Remuneration Rates Payable to Non-Specialist Staff - Short term/casual (locum)
- PD2013_036 Service Check Register for NSW Health
- PD2009_057 Records Management – Department of Health
- PD2010_010 Conflicts of Interest and Gifts and Benefits
- PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
- PD2010_074 Medical Officers – Employment Arrangements in NSW Public Health System
- PD2011_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
- PD2012_028 Recruitment and Selection of Staff of the NSW Health Service
- NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Service.
- NSW Health Medical Locum Agency Audit Guidelines
- Health Service by-laws
- Health Service specific policies on secondary employment and extra-official duties
- Health Service specific policies on performance development and management
- Health Service specific policies/guidelines on occupational health and safety
- Health Service specific policies/guidelines on risk management
- Australian Medical Association
- National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors
1.6 Other Related Documents

- Public Hospital Career Medical Officers (State) Award (or other relevant Award)
- Public Hospital Medical Officers (State) Award
- Health Industry Status of Employment (State) Award

1.7 Definitions

Casual and Locum Staffing Service: the service established with the Health Service for the management of casual and temporary medical placements/medical locums who fill short-term vacancies in rosters.

Casual Medical Staff/Employee: means a registered medical practitioner who may be engaged on an hourly basis for a period which does not extend beyond one week, to provide services related to the unexpected absence of temporary, permanent or exempt employees; or periods of unanticipated demands. The casual medical employee may be registered with the casual medical pool for the purposes of notification and booking of casual work.

Director of Medical Services/Administration (DMS/DMA): means a Medical Officer appointed to a designated position responsible for the strategic, clinical, budgetary and associated medical administrative functions in a facility or District.

Engaging Department: the clinical department responsible for the Locum Medical Officer’s shift. For the purposes of this document this also includes Clinical Education and Training Institute (CETI) auspiced Training Networks.

Junior Medical Officer (JMO) Manager: means a person responsible for the administrative functions in a facility or District for recruitment, allocation and daily administrative tasks associated with salaried Medical Officers. In smaller facilities this may include Staff Specialists where rostering for a whole unit is involved.

Locum Medical Officer/Agency (medical) Locum/Agency Doctor/Medical Locum: a suitably qualified, registered and authorised medical practitioner introduced to a Public Health Organisation by a Medical Locum Agency that is listed on the NSW Health Register of Medical Locum Agencies at http://publishpublic/business/locums/Pages/locum-register.aspx, and employed by the Health District in a casual or temporary capacity to provide cover for an absent member of the permanent non-specialist medical staff or when shifts are unable to be filled by overtime or casual medical employees.

Medical Locum Agency: an external business that is listed on the NSW Health Register of Medical Locum Agencies at http://publishpublic/business/locums/Pages/locum-register.aspx providing Locum Medical Officers on a commission or similar basis.

Medical Locum Agency Audit Guidelines: a NSW Health publication available at http://www.health.nsw.gov.au/business/locums/Pages/Publications.aspx to assist with the implementation of the NSW Health Standards and Conditions for the provision of Locum Medical Officers to the NSW Health Services.

Medical Administration: means individuals or units across or within the Public Health Organisation responsible for the management of Medical Officers.

Medical Officers: non-specialist grade Medical Officers employed by the Public Health Organisation. Includes, Residents, Registrars/Senior Registrars, and Career Medical Officers.

NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services: the NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services will be hereafter referred to as the ‘NSW Health Standards and Conditions’.
The NSW Health Standards and Conditions set out the standards against which Medical Locum Agencies must demonstrate compliance prior to being considered eligible to:

1. Be listed on the NSW Health Register of Medical Locum Agencies at [http://publishpublic/business/locums/Pages/locum-register.aspx](http://publishpublic/business/locums/Pages/locum-register.aspx); and
2. Provide Locum Medical Officers to the NSW Health District.

**NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services - Support Pack:** The Support Pack is a companion document to the NSW Health Standards and Conditions. The Support Pack lists the mandatory documents required by Medical Locum Agencies and Locum Medical Officers.

**NSW Health Register of Medical Locum Agencies:** A list of Medical Locum Agencies that can be found [http://publishpublic/business/locums/Pages/locum-register.aspx](http://publishpublic/business/locums/Pages/locum-register.aspx). The Register contains the names of Medical Locum Agencies that have completed a third party assessment demonstrating compliance with the NSW Standards and Conditions.

**Public Health Organisation:** A health service, statutory health corporation or an affiliated health organisation in respect of its recognised establishments or services that pertain to this policy.

**Third Party Assessment:** An assessment process conducted by a business against the NSW Health Standards and Conditions. The business conducting this assessment is a third party auditor body accredited with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) [http://www.jas-anz.com.au](http://www.jas-anz.com.au).
2.0 NSW Health Policy

2.1 Purpose and Scope

This document outlines the employment and management processes to be applied by Public Health Organisations when engaging Locum Medical Officers in the NSW Health Districts through Medical Locum Agencies.

2.2 Principles of Locum Medical Officer Management

It is expected that all Locum Medical Officers are suitably skilled, experienced and qualified to fulfil the role they are engaged for; and that Locum Medical Officers are only utilised after the maximum but appropriate rostering of all employees (including overtime) – permanent, temporary and casual. This includes exhausting all available suitably credentialed medical staff registered with the casual medical pool.

A Locum Medical Officer engaged by a Public Health Organisation is an employee of the Public Health Organisation for the duration of the term of employment with that Public Health Organisation.

The following principles shall apply to the engagement and use of Locum Medical Officers:

- All shifts requiring a Locum Medical Officer will be managed through the Casual and Locum Staffing Service and all Locum Medical Officers wishing to fill a shift will be engaged through the Casual and Locum Staffing Service;
- All Locum Medical Officers will undergo a standardised credentialing process consistent with the NSW Heath Standards and Conditions which will allow the matching of locum Medical Officer skills and professional behaviours to the requirements of any shift;
- Remuneration of Locum Medical Officers will be in accordance with relevant NSW Health policy directives;
- All Locum Medical Officers are engaged on the basis of satisfactory performance;

It is the Engaging Department’s responsibility to develop its own information pack for Locum Medical Officers outlining the duties to be undertaken consistent with the NSW Health Standards and Conditions available at http://publishpublic/business/locums/Pages/default.aspx

2.3 Procedure for Engaging a Locum Medical Officer

Engaging a Locum Medical Officer must only occur as a last resort in service critical areas. All other options for ensuring appropriate medical coverage should be exhausted before filling a vacant shift with a Locum Medical Officer. Medical Administration/Services are to be consulted in all cases as the necessary staff may be sourced from elsewhere within the hospital, Public Health Organisation or the casual medical pool. The steps that should be followed are:

1. Consideration of whether the shift needs to be filled;
2. Ensuring that the Department Head has reviewed the roster, and that all Medical Officers participating in the roster have been properly rostered. (Appendix I: Considering Additional Shifts, Rostering and Hours Management and Risk Management);
3. Ensuring that no other suitably credentialed Medical Officer is available through the casual medical pool operated by the Casual and Locum Staffing Service.

If all of these steps have been exhausted, and the shift remains unfilled, then the Public Health Organisation may employ a Locum Medical Officer to fill the shift.
2.4 Process for Booking a Vacant Shift

Each Public Health Organisation has a Casual and Locum Staffing Service and all shifts requiring a Locum Medical Officer are to be managed through the Casual and Locum Staffing Service.

Engaging Departments will need to specify to the Casual and Locum Staffing Service the level of experience and skill they require from the Locum Medical Officer. This should include any specific procedural or advanced life support skills required in the role. The list of clinical skills used to credential the Locum Medical Officers (see Appendix A – Credentialing of Locum Medical Officers) is to be used when defining the requirements of the vacancy.

Medical Officers who are PGY1 or PGY2 are required to be supervised under the Clinical Education and Training Institute (CETI) accreditation guidelines. Vacancies for which a Locum Medical Officer is sought are generally for independent practice at the level defined via the credentialing process. Provision is not generally made for supervising Locum Medical Officers at the level of the CETI accreditation. Therefore PGY3 is the minimum level of experience suitable to be engaged as a Locum Medical Officer.

Engagement of PGY2 Medical Officers as Locum Medical Officers may be considered in case of severe workforce shortages and are required to be approved by the Chief Executive of the Public Health Organisation or delegate. The engaging Department must be able to demonstrate that the required levels of supervision for a PGY 2 Medical Officer will be provided.

2.5 Process for Registering with the Casual and Locum Staffing Service - (including Requests for Secondary/Other Employment)

2.5.1 Medical Locum Agencies

Currently on the NSW Health Register of Medical Locum Agencies

Medical Locum Agencies currently on the NSW Health Register of Medical Locum Agencies have demonstrated compliance with the NSW Health Standards and Conditions through a third party JAS-ANZ accredited auditor. Certification is current for three years and will need to be renewed in order to remain on the Register.

New Agencies joining the NSW Health Register of Medical Locum Agencies

In order to be eligible to join the NSW Health Register of Medical Locum Agencies, new agencies must:
1. Undergo an independent assessment with a third party JAS-ANZ accredited auditor against the NSW Health Standards and Conditions;
2. Submit an audit report and certificate demonstrating compliance with the NSW Health Standards and Conditions;
3. Sign an agreement that is consistent with Appendix G with at least one Local Health District.

New Medical Locum Agencies must apply to join the NSW Health Register of Medical Locum Agencies using the Application Form (Appendix 1). Agencies should use the NSW Health Audit Guidelines as a guide to preparing for the third party audit process.

The NSW Health Medical Locum Agency Audit Guidelines, available at http://www.health.nsw.gov.au/business/locums/Pages/Publications.aspx, provide advice to JAS-ANZ accredited auditors that will need to be engaged by Medical Locum Agencies to determine compliance with the NSW Health Standards and Conditions.

NSW Public Health Organisations which seek to utilise the services of a Medical Locum Agency can only do so if that Medical Locum Agency is listed on the NSW Health Register of Medical Locum Agencies. In order to utilise the services of Medical Locum Agencies the Public Health Organisation must enter into a written agreement with each of the Medical Locum Agencies with which the Public Health Organisation decides to conduct business. The agreement must be consistent with Appendix G as it incorporates the requirements set out in the NSW Health Standards and Conditions. The Public Health Organisation must utilise the template Agreement that has been prepared by the Department’s Legal Branch to assist Health

Health Districts are required to complete Schedules one to three, having regard to the terms of the Agreement. The Agreement contains mandatory clauses that are required to be included by NSW Health policy and cannot be amended.

Other clauses are non-mandatory, and can either be adopted without change or can be changed following negotiation with the Medical Locum Agency, but in such cases Health Districts must obtain their own independent legal advice as to the appropriateness of the changes.

If a NSW Public Health Organisation decides to utilise the services of a Medical Locum Agency that is new to the NSW Health Register of Medical Locum Agencies the agreement between the parties will be prepared by the Public Health Organisation and sent to the Medical Locum Agency for approval and signature. In these circumstances the Agreement must be completed within 60 days following the placement of that Medical Locum Agency on the Register.

After the execution of an Agreement with a Medical Locum Agency, the Public Health Organisation must monitor compliance by the Medical Locum Agency with the requirements of the Agreement, including compliance with the NSW Health Standards and which are to be incorporated into the Agreement. Public Health Organisations must advise NSW Health if there are any concerns regarding compliance.

Medical Locum Agencies are required to provide credentialing information (Appendix A, A1, A2, C and D), conduct referee checks (Appendix A3A, A3B and A3C) and human resource checks (Appendix E and F) consistent with the Pre-Placement Checklist in the NSW Health Standards and Conditions (Appendix B and B1). The engaging Public Health Organisation must review and retain this information. The Public Health Organisation has a responsibility to exercise due diligence and care in the employment of Locum Medical Officers.

### 2.5.2 Locum Medical Officers

Medical Officers may make themselves available to fill vacant shifts outside of their normal rostered duties/hours on a casual basis in other departments and facilities. Their first priority must be to be available for reasonable overtime in the facility or unit in which they are primarily employed.

The hierarchy for Medical Officers working additional clinical shifts is:

1. The unit/department where they are allocated;
2. The hospital where they are allocated;
3. The clinical stream/network to which they are allocated (if applicable);
4. Other facilities within the same Public Health Organisation; and
5. Hospitals/facilities in another Public Health Organisation under casual medical pool arrangements.

Medical Officers who wish to join the Casual Medical Pool that has been established in each Public Health Organisation should make an application directly to the relevant Casual and Locum Staffing Service.

Medical Officers who work through a Medical Locum Agency must be placed through the Casual and Locum Staffing Service via their Agency. To enable employment placement will involve:

1. A review of clinical credentials (Appendix A, A1, A2 C and D);
2. A review of referee checking (Appendix A3A, A3B and A3C);
3. Compliance with the Pre-Placement Checklist (Appendix B) and Appendix B1: Policy Sign Off Sheet for Pre-Placement Checklist; and
4. Employment checks and approval for secondary medical employment if the Medical Officer is a full-time employee working elsewhere in the NSW Public Health System (Appendix E and F).

Medical Officers not placed through the Casual and Locum Staffing Service by either of these means will not be able to be employed within NSW Public Hospitals.

Medical Officers who are current employees of any NSW Public Health Organisation must refer to the Code of Conduct – NSW Health: Section 2.4 Outside employment and business activities; and the relevant Secondary Employment Policies. Medical Officers working full time who wish to work outside their primary Public Health Organisation (aside from rotational positions specified within their training networks) are required to seek the permission of the Chief Executive or delegate. The decision of the nominated delegate should be consistent with the Delegations Manual. All applications for secondary employment must be reviewed expeditiously to ensure that there are no unnecessary delays in the decision making process.

Appendix I: Consideration of requests for secondary (medical) employment by non-specialist medical staff in the NSW Health Districts provides guidance to both medical officers and managers in the consideration of such requests. Any approval for secondary employment will be based on the current work arrangement (including agreed hours for part-time employees) and is for a determined period of time.

The approval is to be renegotiated if there is a change to the current work situation such as:

- Moving between full-time or part-time;
- A change of part-time hours; or
- If the nature of the proposed secondary employment changes, for example, moving from the casual medical pool to a Medical Locum Agency

Medical Officers who are working in a full time capacity will be required to attach to their application for secondary (medical) employment the written approval from the Chief Executive or delegate of their primary Public Health Organisation as evidence that they have obtained the required approval to undertake work in addition to their primary employment consistent with the NSW Health Standards and Conditions.

NSW Health Code of Conduct (PD2012_018), Section 2.4: Outside Employment and Business Activities, requires that staff employed on a part time or casual basis will advise the Chief Executive or delegate of any actual, potential or perceived conflict of interest between their employment by the Public Health Organisation and any other employment.

Appendix I consideration of Additional Shifts, Rostering and Hours Management and Risk Management, describe specific matters to be considered and to be taken into account by Medical Officers, Department Heads, and Directors of Administration/Services and by other managers in relation to the filling by Medical Officers of vacant shifts outside normal rostered hours.

Employees must take a break during periods of rostered paid leave for example; annual leave, long service leave and the paid component of maternity leave, and therefore should not be employed as Locum Medical Officers during these periods.
2.6 Documentation and Engagement Requirements

2.6.1 Checking Identification

When a Locum Medical Officer presents for a shift at the appointed time he/she must provide evidence that he/she has been cleared by the Network Staffing Service to work at the facility and the nominated shift or shifts. They should also present photo ID and a letter of introduction from the Medical Locum Agency to the designated site contact which includes evidence that a Working With Children Background Check has been cleared by the NSW Department of Health and a statement to the effect that the Medical Officer has been in continuous registration with the Medical Locum Agency since the check was conducted, if this documentation is not included in the clearance from the Network Staffing Service.

2.6.2 Checking Service Check Register (SCR)

It is mandatory for Health Districts to conduct a Service Check Register check for all Medical Locum Agency staff appointed in the Health Service in accordance with Policy Directive PD2013_049: Service Check Register for NSW Health Services.

2.6.3 Checking Referees

Medical Locum Agencies must conduct at least two (or preferably three) referee checks on clinical skills and professional behaviour in accordance with the following appendices:

- Appendix A: Credentialing of Locum Medical Officers;
- Appendix A1: Clinical Skills SELF Assessment – Non Specialist;
- Appendix A2: Referee Check – Clinical Skills Assessment – Non Specialist;
- Appendix A3A, A3B and A3C: Referee Check – Professional Behaviour;
- Appendix B: Locum Medical Officer Pre-Placement Checklist;
- Appendix B1: Policy Sign Off Sheet for the Pre-Placement Checklist;
- Appendix C: Clinical Skills Assessment;
- Appendix D: Skills Order Form;
- Appendix E: Employment Declaration;
- Appendix F: Criminal Record Statutory Declaration – Australia.

One of the referee checks must be conducted with a current supervisor. The supervisors must have the appropriate qualifications and experience to the position being sought by the Locum Medical Officer.

The Public Health Organisation is responsible for demonstrating due diligence, by reviewing the written record of each referee check, received from an agency, to ensure that they are satisfied with it, and directly confirm with each referee their identity and relationship to the applicant.

Each referee check may be undertaken in two ways, namely:

1. Completed in writing and signed by the referee; or
2. Be undertaken by the Medical Locum Agency as a structured verbal reference check which is then written up and then sent to the Referee for verification and signature.

Completed referee checks will be accepted by the Public Health Organisation in hard copy or faxed. Scanned electronic copies of completed referee checks will be accepted if received from a secure email source e.g. a registered business or government agency. Unsigned and/or incomplete documents will not be accepted. The Medical Locum Agency must keep a copy of each referee check as part of its records management policy and procedures.

Referee checks when received by the Public Health Organisation must be reviewed by an appropriately skilled and experienced member of staff, such as a Director Medical Administration/Services, JMO Manager, Department Head, other member of the Senior Medical Staff, facility General Manager or...
Credentialing Committee. The Public Health Organisation must exercise due diligence in conducting these reviews.

Referee checks must not be reviewed by Department secretaries or Junior Medical Staff (including Registrars or Career Medical Officers).

2.6.4 Checking Documentation

Evidence of Locum Medical Officer pre-placement checks must be supplied by the Medical Locum Agency to the relevant Public Health Organisation. The evidence includes:

1. A completed Clinical Skills SELF Assessment (Appendix A1);
2. A completed Referee Check – Clinical Skills Assessment – Non Specialist (Appendix A2);
3. Two preferably three completed Referee Checks – Professional Behaviour (Appendix A3A, A3B and A3C);
4. A signed and completed Locum Medical Officer Pre-Placement Checklist (Appendix B) together with the necessary documents specified in the Pre-Placement Checklist and the Policy Sign Off Sheet for the Pre-Placement Checklist (Appendix B1);
5. A completed Clinical Skills Assessment (Appendix C). Original qualifications and/or certified copies must be appropriately verified;
6. A completed Skills Order Form (Appendix D);
7. A completed Employment Declaration (Appendix E);
8. A completed Criminal Record Statutory Declaration – Australia (Appendix F); and
9. All necessary information requested by the Public Health Organisation to facilitate payment from the Public Health Organisation payroll and communication pursuant to the engagement of the Locum Medical Officer for casual and locum staffing purposes.

The quality of the Locum Medical Officer documentation must be of an appropriate standard, particularly in regard to clearance of Working With Children Background Checks (WWCBC) and Criminal Record Checks (CRC) prior to placement. The WWCBC and the CRC must be conducted in accordance with the Employment Checks – Criminal Record Checks and Working with Children Checks (PD2013_028). Public Health Organisations must exercise due diligence when examining and assessing the supplied documentation.

2.6.5 Length of Engagement

Locum engagements should only be used to fill casual, short term vacancies, for periods not exceeding 13 weeks. After 13 consecutive weeks, during which a Locum Medical Officer has been paid for at least one shift in each calendar week worked in the same facility, there must be a break of at least one week when such rates are not paid to that person for work in that facility.

Where a Locum Medical Officer is engaged for a period of time longer than 13 weeks, he or she is to be employed as a permanent employee under the Public Hospital Career Medical Officers (State) Award (or other relevant Award), and not as a Locum (unless otherwise exempt as per the Health Industry Status of Employment (State) Award). Where a person is engaged as a permanent employee, standard rates of remuneration, and other terms and conditions, should apply. Engagement of Medical Officers as permanent employees in such circumstances does not entitle the Medical Locum Agency to any commission beyond the 13 week period. Medical Administration or similar can provide assistance in this process.

In exceptional circumstances, a Senior CMO (i.e. one who has been approved via the Grading Committee) who takes responsibility for the clinical service provision in the same way as a Staff Specialist or Specialist VMO (i.e. shares the consultant roster) may also undertake reference checking.
In calculating the length of service of a Locum Medical Officer, the date of commencement is the date during which the first shift worked by the Locum Medical Officer commenced. The date of termination is the date during which the last shift worked by the Locum Medical Officer terminates.

All Locum Medical Officers engaged for a period of greater than four weeks at the same facility must have a performance review after four weeks based on the referee check and skills assessment forms used during the appointment process. This requirement does not derogate from the usual obligation to monitor performance continually to ensure that appropriate standards are being maintained.

2.6.6 Payment of Locum Medical Officers and Medical Locum Agencies

In accordance with NSW Health Policy, the Public Health Organisation must acquire all necessary information about the Locum Medical Officer to enable payment of the Locum Medical Officer through the Public Health Organisation payroll.

All Medical Locum Agency fees are the responsibility of the Engaging Department and will be charged to the Engaging Department’s Cost Code. The Casual and Locum Staffing Service will arrange payment for all Locum Medical Officers via the payroll. The Casual and Locum Staffing Service will coordinate fees for the placement of Medical Officers via the Accounts Payable systems.

Verification of hours worked by the Locum Medical Officer will be required before the Locum Medical Officer is paid. The Engaging Department has the responsibility for this in accordance with the guidelines provided by the Casual and Locum Staffing Service.

Payment will be made to the Locum Medical Officer’s nominated bank account consistent with the payroll processing timelines.

Payment of fees to Medical Locum Agencies will be in accordance with the terms and conditions of the agreement entered into by the Public Health Organisation and the Medical Locum Agency. No fee will be payable to the Medical Locum Agency if the Locum Medical Officer applies for and is appointed to a permanent position in a NSW Public Health Organisation.

2.7 Performance Management and Professional Development

2.7.1 Performance Management

Performance management operates effectively in an environment that is supportive and based on learning and development. Assessments of performance must be fair and impartial and focused on the achievement of expected outcomes. The primary approach to improving any skills deficit must be knowledge and skills acquisition.

There are three elements to the monitoring and management of Locum Medical Officers engaged through the Casual and Locum Staffing Service:

- Professional development;
- Managing complaints;
- Managing performance.

Concern or complaints about a clinician are covered under the relevant policy directives and guidelines (PD2006_007; PD2006_073; GL2006_023; GL2006_002), and will apply to Locum Medical Officers engaged via the Casual and Locum Staffing Service.

It is expected that:
Rescinded

Locum Medical Officers – Employment and Management

**PROCEDURES**

- Appropriate two-way feedback is achieved between medical staff placed into shifts by the Casual and Locum Staffing Service, and the hospitals/departments who request placement of medical staff into their vacancies;
- Medical staff are aware of their professional development needs and where appropriate, Public Health Organisations can assist medical staff to obtain information about training opportunities;
- There is a system in place to support those medical staff that require professional assistance, and such medical staff are placed in a situation which is conducive to improving performance.

### 2.7.2 Professional Development

**Needs assessment**

In a regular working relationship, a formal review of an employee’s performance and development needs would take place. If the Locum Medical Officer arrangements preclude this from occurring, the Casual and Locum Staffing Service must instead obtain:

- Regular feedback about the Locum Medical Officer from engaging departments; and
- Regular feedback about the shift, engaging department and the facility from the Locum Medical Officer.

**Access to professional development needs**

In particular cases, the prospective Locum Medical Officer may be required by the Casual and Locum Staffing Service to undertake particular programs either as a pre-requisite, or in-parallel with working within the Casual and Locum Staffing Service. Such may include assistance with English language, or similar.

Analysis of skills requested by employing departments will be made available to enable those wanting to maximise their “shift match” to assess which skills will improve their access to shifts.

### 2.7.3 Managing Complaints

In keeping with GL2006_002 Complaint or Concern about a Clinician – management guidelines and PD2006_007 Complaint or Concern about a Clinician - Principles for Action, each Public Health Organisation must have in place effective and appropriate procedures for managing a concern or complaint about a clinician. Public Health Organisations must ensure that local procedures encompass Locum Medical Officers.

The Casual and Locum Staffing Service will manage the interface between the Locum Medical Officer and the investigative process and, where required, ensure that the necessary supports are provided to the Locum Officer. The underpinning principles are:

- Transparency and timeliness;
- Procedural fairness;
- Supportive and respectful approach with an emphasis on remediation at an early stage where possible;
- Proactive and preventative approach – collaboration and support; and
- A focus on gaps in knowledge, skills, abilities and behaviours.

Where there has been identification of an individual performance issue within Medical Officers the substantive employment, these individuals may not be suitable to be placed by the Casual and Locum Staffing Service (additional work in multiple locations for short periods is generally not considered conducive to performance improvement). Similarly, if there is a complaint being investigated there needs to be an assessment of risk and appropriate actions initiated (e.g. limit access to shifts on the Casual and...
Rescinded

Locum Medical Officers – Employment and Management

PROCEDURES

The Public Health Organisation must ensure that processes are implemented to notify the Casual and Locum Staffing Service of the issues so that an assessment of risk can be undertaken, and appropriate actions initiated.

Each Public Health Organisation must ensure that appropriate measures are in place to effectively engage the Casual and Locum Staffing Service in the management of a complaint/concern about a Medical Locum Officer. The Public Health Organisation must consider the role of the Casual and Locum Staffing Service in regard to:

- Being informed of the complaint;
- Suspension of the Locum Medical Officer if the complaint/concern is serious;
- Limiting access to shifts and facilities, if required;
- Monitoring the casual and Medical Locum Officer while the complaint/concern is being investigated;
- Informing the Locum Medical Officer about a complaint/concern.

2.7.4 Managing Poor Performance

As indicated above, the Casual and Locum Staffing Service will expect the appropriate line manager of the substantive position held by the Locum Medical Officer to hold the primary responsibility for managing poor performance.

The onus will be on the Medical Officer to undertake the necessary skills retraining and demonstrate competence to the Casual and Locum Staffing Service subsequently. The Casual and Locum Staffing Service may be in a position to recommend a particular course of action to be undertaken. There may be some situations where working in multiple locations for short periods of time is incompatible with performance improvement plans, and in these situations it is likely that the Medical Officer will no longer be able to be engaged through the Casual and Locum Staffing Service.
APPENDIX 1 Application Form for Medical Locum Agency

Application Form for Medical Locum Agency

<table>
<thead>
<tr>
<th>Name of Locum Agency Applying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Date</td>
</tr>
</tbody>
</table>

**Type of Legal Entity**

- [ ] Corporation
- [ ] Sole trader
- [ ] Partnership
- [ ] Trust
- [ ] Incorporated association
- [ ] Other (specify)
- [ ] Government entity
- [ ] Publicly listed company

**Registered Business Details** - Please attach a copy of the certificate of registration of business name

<table>
<thead>
<tr>
<th>Registered Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN</td>
</tr>
<tr>
<td>ABN</td>
</tr>
</tbody>
</table>

**Address of applying Locum Agency**

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th>State</th>
<th>P/Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Mobile</td>
<td>Fax</td>
</tr>
<tr>
<td>Email</td>
<td>Website</td>
<td></td>
</tr>
</tbody>
</table>

Do you operate from other offices? If so, please provide list of offices

<table>
<thead>
<tr>
<th>Contact Details - Executive Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Phone</td>
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<tr>
<td>Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Details – Day to Day Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person an employee of the applicant?</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
</tbody>
</table>

**Type of Recruitment Agent**

- [ ] Medical Locum Only
- [ ] Health Districts
- [ ] General
- [ ] Other (specify)

Submit this completed form to locuminfo@doh.health.nsw.gov.au
Credentialing of Locum Medical Officers

The main components of the clinical credentialing of Locum Medical officers are:

- Medical registration with the Medical Board of Australia
- Self-assessment of clinical skills
- Confidential referee reports on clinical skills and professional behaviours
- University degrees
- Certificates of service
- Fellowships/memberships of professional colleges or associations
- Certificates of completion of specific courses
- Periods of verifiable formal instruction or supervised training
- Validated competence
- Professional indemnity history and status

For the purposes of this policy, the main components of the clinical credentialing of Locum Medical officers to be checked by Medical Locum Agencies are:

- Medical registration
- Self-assessment of clinical skills
- Confidential referee reports on clinical skills and professional behaviours

Medical Registration

All Medical Officers are required to have general registration, or conditional specialist registration. Medical Officers who are PGY1 or PGY2 are required to be supervised under Clinical Education and Training Institute (CETI) accreditation guidelines. Vacancies for which a Locum Medical Officer is sought are generally for independent practice at the level defined via the credentialing process. Provision is not generally made for supervising Locum Medical Officers at the level of the CETI accreditation. Therefore PGY3 is the minimum level of experience suitable to be engaged as a Locum Medical Officer.

Engagement of PGY2 Medical Officers may be considered in case of severe workforce shortages and are required to be approved by the Chief Executive of the Public Health Organisation or delegate.

All other forms of registration have conditions attached which in general preclude any Locum work. In particular, limited registration specifically precludes Locum work. It does not however preclude the holder from performing overtime duties consistent with the training and supervision requirements of their registration. Locum Medical Officers holding general registration with limited registration are to be considered on a case-by-case basis for each shift by the engaging department as to their suitability to undertake that role with their individual conditions.

Self-Assessment Of Clinical Skills

Each proposed Locum Medical Officer must complete a Clinical Skills SELF Assessment - Non Specialist (Appendix A1)

Referee Report on Clinical Skills and Professional Behaviour

Two preferably three referees must be contacted to complete the confidential referee checks on clinical skills– Non Specialist (Appendix A2) and Referee Check - Professional Behaviour (Appendix A3). These make up a referee report and verify the Clinical Skills SELF-Assessment - non specialist (Appendix A1) provided by the Medical Officers. A Locum can only be considered to “have the clinical skill” if deemed by the referees to be “capable” of the skill. These are the final credentials of the individual Medical Officer which must be matched to the clinical skills required for the vacancy.
Clinical Skills SELF Assessment - Non Specialist

To be completed by Locum Medical Officer and returned to the Medical Locum Agency then sent to LHD

<table>
<thead>
<tr>
<th>Locum Medical Officer</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>Theory Only</th>
<th>Have seen and can perform</th>
<th>Have performed and can teach</th>
</tr>
</thead>
</table>

**GENERAL RESIDENT** General medical abilities as a resident/senior resident medical officer to **work under supervision**. This must include understanding of own limitations and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture, use of fluids & blood products, simple suturing.

**IN-CHARGE** Able to prioritise, know own limitations & ask for help where appropriate, can communicate severity appropriately over the phone, and can supervise others (particularly the type of skill to be in charge of a department, or hospital).

**BASIC PAEDIATRIC SKILLS** Basic paediatric care – general abilities to assess children having completed a paediatric resident term, or seen children in a mixed emergency department. Includes peripheral venous cannulation in children.

**EMERGENCY MEDICINE** Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis & initiate management for **most presentations** to the emergency department. This includes (but not exclusive to) ability to manage multisystem trauma, management of simple fractures & dislocations, complex suturing, use of slit lamps and ENT instruments for removal of foreign bodies.

**ICU MEDICINE** Mechanical ventilation can generally function at the level of a registrar in intensive care.

**INTERNAL MEDICINE ADULT**: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis & initiate management for patients admitted or proposed to be admitted under an adult physician. Must have at least 6 months experience functioning as a medical registrar or equivalent.

**PSYCHIATRY** Minimum of 6 months experience as a psychiatry registrar, sufficient knowledge about mental health to be able to make independent clinical decisions and in particular current knowledge of the Mental Health Act & function in a multidisciplinary team.

**SURGERY** Minimum of 6 months experience as a surgical registrar in a relevant surgical subspecialty, with sufficient knowledge to make independent decisions, & recent experience in Trauma call teams.

**AIRWAY & BREATHING**

- **MANUAL VENTILATION - ADULT** Manual ventilation (e.g. bag & mask ventilation, Guedels airway, laryngeal mask airway – adult)
- **UNCOMPLICATED INTUBATION – ADULT** Uncomplicated intubation of an unconscious adult patient
- **DIFFICULT INTUBATION - ADULT** Difficult intubation
- **CPAP**
- **BiPAP**
- **INTERCOSTAL CATHETER INSERTION**

**CIRCULATION**

- **CENTRAL LINE INSERTION**
- **ARTERIAL LINE INSERTION**
- **VASOACTIVE DRUGS**: Use of vasoactive drugs
- **CARDIOVERSION & DEFIBRILLATION**: Emergency cardioversion & defibrillation
- **EXTERNAL PACING**
- **PERICARDIOCENTESIS** Pericardiocentesis
<table>
<thead>
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<th>SKILLS</th>
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<th>Have seen and can perform</th>
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<tr>
<td><strong>PAEDIATRIC</strong></td>
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<tr>
<td>PAED MANUAL VENTILATION includes bag &amp; mask in children</td>
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<tr>
<td>ADV PAED LIFE SUPPORT experience in advanced paediatric resuscitation &amp; life support</td>
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<tr>
<td>PAED INTEROSSEOUS LINES experience in inserting interosseous lines into acutely unwell children</td>
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<tr>
<td>PAED ABG experience in paediatric blood gas sampling</td>
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<td><strong>NEONATAL</strong></td>
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<td>NEONATAL MANUAL VENTILATION (e.g. Bag &amp; mask, neopuff)</td>
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<td>NEONATAL RESUSCITATION experience in the acute resuscitation of neonates, including intubation &amp; ventilation</td>
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<td>NEONATAL BLOOD GASES</td>
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<tr>
<td>NEONATAL ADVANCED SKILLS includes mechanical ventilation &amp; insertion of intercostal catheters</td>
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</table>

The Locum Medical Officer must submit this completed form to the Medical Locum Agency then to the Health District prior to placement.
### Referee Check - Clinical Skills Assessment - Non Specialist

To be completed by referee(s) for each medical officer and returned to Medical Locum Agency then sent to LHD.

<table>
<thead>
<tr>
<th>Name of Referee</th>
<th>Signature</th>
<th>Date</th>
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### SKILLS

<table>
<thead>
<tr>
<th>General</th>
<th>Not obs’d</th>
<th>Capable (own obsv’n)</th>
<th>Capable (obsv’n of others)</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL RESIDENT</td>
<td>General medical abilities as a resident/senior resident medical officer to work under supervision. This must include understanding of own limitations and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture, use of fluids &amp; blood products, simple suturing</td>
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<td>IN-CHARGE</td>
<td>Able to prioritise, know own limitations &amp; ask for help where appropriate, can communicate severity appropriately over the phone, and can supervise others (particularly the type of skill to be in charge of a department, or hospital)</td>
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### AIRWAY & BREATHING

<table>
<thead>
<tr>
<th>Manual Ventilation - Adult</th>
<th>Guedels airway, laryngeal mask airway – adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncomplicated Intubation - Adult</td>
<td>Uncomplicated intubation of an unconscious adult patient</td>
</tr>
<tr>
<td>Difficult Intubation - Adult</td>
<td>Difficult intubation</td>
</tr>
<tr>
<td>CPAP</td>
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<tr>
<td>BiPAP</td>
<td></td>
</tr>
<tr>
<td>Intercostal Catheter Insertion</td>
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</tr>
<tr>
<td>SKILLS</td>
<td>Not obs’d</td>
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<td>--------------------------------</td>
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</tr>
<tr>
<td>CIRCULATION</td>
<td></td>
</tr>
<tr>
<td>CENTRAL LINE INSERTION</td>
<td></td>
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<tr>
<td>ARTERIAL LINE INSERTION</td>
<td></td>
</tr>
<tr>
<td>VASOACTIVE DRUGS: Use of vasoactive drugs</td>
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<td>CARDIOVERSION &amp; DEFIBRILLATION: Emergency cardioversion &amp; defibrillation</td>
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<tr>
<td>EXTERNAL PACING</td>
<td></td>
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<tr>
<td>PERICARDIOCENTESIS Pericardiocentesis</td>
<td></td>
</tr>
<tr>
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<td>NEONATAL</td>
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<tr>
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<tr>
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<tr>
<td>NEONATAL BLOOD GASES</td>
<td></td>
</tr>
<tr>
<td>NEONATAL CANNULATION Can place peripheral venous cannulas in neonates</td>
<td></td>
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<tr>
<td>NEONATAL UMBILICAL LINES experience in placement of umbilical venous and</td>
<td></td>
</tr>
<tr>
<td>NEONATAL ADVANCED SKILLS includes mechanical ventilation &amp; insertion of intercostal catheters</td>
<td></td>
</tr>
</tbody>
</table>

Submit this completed form to the Health District for the placement of Locum Medical Officer.
# Locum Medical Officer Referee Check - Professional Behaviour

This document must be completed by the Medical Locum Agency and forwarded to the Local Health District.

<table>
<thead>
<tr>
<th>Locum name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum contact</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency signature</td>
<td>Print name</td>
</tr>
</tbody>
</table>

## REFEREE (1 of 3)

<table>
<thead>
<tr>
<th>Referee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Present position (must be current supervisor or Department Head of a recent employer)</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

### Referee Signature

<table>
<thead>
<tr>
<th>Responses are based upon</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Observation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Review of accumulated information &amp; reports about the practitioners performance</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Time Period (d/m/y) From To

<table>
<thead>
<tr>
<th>Setting/Facility</th>
<th>Ward</th>
<th>ED</th>
<th>Community</th>
<th>Other</th>
</tr>
</thead>
</table>

### Would you use this medical officer again?

<table>
<thead>
<tr>
<th>☐ On preferred list</th>
<th>☐ Yes</th>
<th>☐ With hesitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why?</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

### What are his/her strengths?

| | |
| | |

### Does he/she ask for assistance if needed? i.e. knows their own limitations

| | |
| | |

### How well does he/she handle pressure or a busy workload?

<p>| | |
| | |
| | |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would describe his/her communication and interpersonal skills? With patients and staff?</td>
<td></td>
</tr>
<tr>
<td>Is he/she a strong team player, and works well in team situations?</td>
<td></td>
</tr>
<tr>
<td>Are the clinical responsibilities specified in the clinical skills assessment and self assessment forms confirmed?</td>
<td></td>
</tr>
<tr>
<td>How flexible is he/she? How would you see them adapting in a new work place?</td>
<td></td>
</tr>
<tr>
<td>Are you aware of any disciplinary action or legal proceedings against the Medical Officer?</td>
<td></td>
</tr>
<tr>
<td>Are there any issues which may impact on their work that we should be aware of?</td>
<td></td>
</tr>
</tbody>
</table>

**DMS/JMO Manager Report from Primary position**

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Complaints</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disciplinary</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>General Performance</td>
<td>Excellent</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Other issues of relevance:**

---

**For Locum Agency Use Only**

<table>
<thead>
<tr>
<th>Verbal Reference</th>
<th>Resume Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Resume Verified</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Details Taken By (print name)</th>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>

---

Submit this completed form to the Health District for the placement of Locum Medical Officer
# Locum Medical Officer Referee Check - Professional Behaviour

This document must be completed by the Medical Locum Agency and forwarded to the Local Health District

<table>
<thead>
<tr>
<th>Locum name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum contact</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency signature</td>
<td>Print name</td>
</tr>
</tbody>
</table>

**REFEREE (2 of 3)**

| Referee Name | |
| Present position *(must be current supervisor or Department Head of a recent employer)* | |
| Phone | |
| Mobile | |
| Fax | |
| Email | |
| Referee Signature | |

**Responses are based upon**

- Direct Observation
- Review of accumulated information & reports about the practitioner performance

<table>
<thead>
<tr>
<th>Time Period (d/m/y)</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Setting/Facility</th>
<th>Ward</th>
<th>ED</th>
<th>Community</th>
<th>Other</th>
</tr>
</thead>
</table>

**Would you use this medical officer again?**

- On preferred list
- Yes
- With hesitation
- No

**What are his/her strengths?**

**Does he/she ask for assistance if needed? i.e. knows their own limitations**

**How well does he/she handle pressure or a busy workload?**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would describe his/her communication and interpersonal skills? With patients and staff?</td>
<td></td>
</tr>
<tr>
<td>Is he/she a strong team player, and works well in team situations?</td>
<td></td>
</tr>
<tr>
<td>Are the clinical responsibilities specified in the clinical skills assessment and self assessment forms confirmed?</td>
<td></td>
</tr>
<tr>
<td>How flexible is he/she? How would you see them adapting in a new work place?</td>
<td></td>
</tr>
<tr>
<td>Are you aware of any disciplinary action or legal proceedings against the Medical Officer?</td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

**DMS/JMO Manager Report from Primary position**

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
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<td>No</td>
</tr>
<tr>
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<td>No</td>
</tr>
<tr>
<td>General Performance</td>
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<td>Good</td>
</tr>
</tbody>
</table>

**Other issues of relevance:**

**For Locum Agency Use Only**

<table>
<thead>
<tr>
<th>Verbal Reference</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resume Verified</td>
<td></td>
</tr>
<tr>
<td>Details Taken By (print name)</td>
<td></td>
</tr>
<tr>
<td>Signed</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
</tbody>
</table>

Submit this completed form to the Health District for the placement of Locum Medical Officer
3 Locum Medical Officer Referee Check- Professional Behaviour

This document must be completed by the Medical Locum Agency and forwarded to the Local Health District.

<table>
<thead>
<tr>
<th>Locum name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum contact</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency signature</td>
<td>Print name</td>
</tr>
</tbody>
</table>

**REFEREE (3 of 3)**

Referee Name

Present position *(must be current supervisor or Department Head of a recent employer)*

Phone

Mobile

Fax

Email

Referee Signature

Responses are based upon
- Direct Observation
- Review of accumulated information & reports about the practitioner performance

Time Period *(d/m/y)*

Setting/Facility
- Ward
- ED
- Community
- Other

Would you use this medical officer again?
- On preferred list
- Yes
- With hesitation
- No

What are his/her strengths?

Does he/she ask for assistance if needed? i.e. knows their own limitations

How well does he/she handle pressure or a busy workload?
<table>
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<tr>
<th>How would describe his/her communication and interpersonal skills? With patients and staff?</th>
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</table>

**DMS/JMO Manager Report from Primary position**

<table>
<thead>
<tr>
<th>Reliability</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Disciplinary</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>General Performance</td>
<td>□ Excellent □ Good □ Fair □ Poor</td>
</tr>
</tbody>
</table>

**Other issues of relevance:**

---

**For Locum Agency Use Only**

<table>
<thead>
<tr>
<th>Verbal Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resume Verified</td>
</tr>
</tbody>
</table>

**Details Taken By** *(print name)*

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>

**Position**

Submit this completed form to the Health District for the placement of Locum Medical Officer.
# Locum Medical Officer Pre-Placement Checklist

This document must be completed by the Locum Agency and forwarded to the Local Health District with all relevant documents.

<table>
<thead>
<tr>
<th>Locum name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum contact</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency signature</td>
<td>Print name</td>
</tr>
</tbody>
</table>

### The Locum Medical Officer:

#### 4.2.1
- Has undergone an interview
  - NB: There is no need to sight qualifications used to gain registration as this is done by the Medical Board of Australia (AHPRA)
  - Yes □ No □ Relevant Documents □
  - Current resume and certified qualifications □

#### 4.2.1a
- Is suitably registered with the Medical Board of Australia (AHPRA)
  - Yes □ No □ Relevant Documents □
  - Recent copy from Medical Board of Australia, dated within the past 7 days □

#### 4.2.1b
- Holds valid permit to work in Australia and appropriate visa to work at multiple work sites
  - Yes □ No □ Relevant Documents □
  - Certified copy of relevant work visa plus photo page of passport □

#### 4.2.1c
- Has photo identification
  - Yes □ No □ Relevant Documents □
  - Copy of document □

#### 4.2.1d
- Has had three referee checks, using a current supervisor and/or recent Department Head
  - Yes □ No □ Relevant Documents □
  - Copies of referee checks □

### The Locum Medical Officer has had:

#### 4.2.2a
- Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases
  - consistent with PD 2011_005
  - Yes □ No □ Relevant Documents □
  - Statement of Medical Clearance from Health District Employment Health Assessment Unit □

#### 4.2.2b
- Has one of the following:
  - (a) NSW Health WWCC – includes NCRC
    - [with NSW Health logo]
    - Yes □ No □ Screening validation number □
    - NSW Health validated □
    - Date Agency validated □
    - Date Agency recheck due □
    - Date of NCRC □

  - (a) NSW Health WWCC – excludes NCRC
    - [with NSW Health logo and states this does not include NCRC], AND
    - NCRC [either Police Certificate or Locum Agency NCRC]
    - Yes □ No □ Screening validation number □
    - Date of NCRC □

  - (b) WWCC number from the Office of the Children’s Guardian AND NCRC [either Police Certificate or Locum Agency NCRC]
    - Yes □ No □ NSW Health validated □
    - Date Agency validated □
    - Date Agency recheck due □
    - Date of NCRC □
| 4.2.2c | ▪ Has no sexual or assault convictions and has signed a Declaration stating that there is nothing in their criminal history preventing them from undertaking all the inherent requirements of the position. | ☐ | ☐ | Signed statutory declaration |
| 4.2.2d | ▪ A criminal record clearance from country of origin/resided in or worked in prior to entering Australia or a statutory declaration as required in the Employment Checks - Criminal Record Checks and Working with Children Checks (PD2013_028_) | ☐ | ☐ | Date of clearance/country of residence or include statutory declaration |

<table>
<thead>
<tr>
<th>Ref</th>
<th>Checklist</th>
<th>Yes</th>
<th>No</th>
<th>Relevant Documents</th>
</tr>
</thead>
</table>

### The Locum Medical Officer:

<p>| 4.3.1a | ▪ Has been supplied with a copy of the NSW Health PD2012_018 [Code of Conduct] and has agreed to act according to its terms, particularly Section 4.3 – presenting to work in a fit and proper condition Section 4.3.6 - Secondary employment [<a href="http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_018.pdf">http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_018.pdf</a>] | ☐ | ☐ | Units completed form from Locum eMedical Orientation Program |
| 4.3.1c | ▪ Has received a copy of the position description | ☐ | ☐ | Copy enclosed |
| 4.3.1d | ▪ Has undergone Electronic Records Management (EMR) training [<a href="http://nswhealth.moodle.com.au">http://nswhealth.moodle.com.au</a>] | ☐ | ☐ | Certificate of completion from NSW Health Online Courses |
| 4.3.1e | ▪ Is aware of and agrees to abide by the relevant OH&amp;S legislation on manual handling | ☐ | ☐ | Units completed form from Locum eMedical Orientation Program |
| 4.3.1f | ▪ Is aware of and agrees to abide by the NSW Health policies on: | ☐ | ☐ | |
| | Other Clinical Placement includes the implementation of all reasonable and practical risk elimination and/or control measures to protect the staff member and clients. | ☐ | ☐ | Proof of compliance to Category A Statement of Medical Clearance from Health District Employment Health Assessment Unit |</p>
<table>
<thead>
<tr>
<th>vi.</th>
<th>HIV, Hepatitis B or Hepatitis C Health Care Workers infected</th>
<th>□</th>
<th>□</th>
<th>NSW Health Policy Sign Off Sheet Form 10</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref</td>
<td>Checklist</td>
<td>Yes</td>
<td>No</td>
<td>Relevant Documents</td>
<td></td>
</tr>
<tr>
<td>vii.</td>
<td>PD2012_046 Remuneration rates for non-specialist medical staff – short Term / casual (locum)</td>
<td>□</td>
<td>□</td>
<td>Unit completed form from Between the flags DETECT eLearning program and Awareness Presentation</td>
<td>□</td>
</tr>
<tr>
<td>viii.</td>
<td>Recognition and management patients who are clinically deteriorating (PD2013_049)</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1g</td>
<td>▪ Is aware of the requirement to supervise Junior Medical Officers</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1h</td>
<td>▪ Is mentally and physically able to perform the services for which they are engaged</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1i</td>
<td>▪ Is able to perform their engagement in accordance with the accepted medical practice and direction of the respective Customer</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1j</td>
<td>▪ Aware of the need to comply with minimum break periods and has agreed to abide by the intent of the guidelines for safe working hours</td>
<td>□</td>
<td>□</td>
<td>NSW Health Policy Sign Off Sheet Form 10</td>
<td>□</td>
</tr>
<tr>
<td>4.3.1k</td>
<td>▪ Has undertaken mandatory child protection training</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1m</td>
<td>▪ Has undertaken the mandatory annual theoretical component of fire training as part of hospital orientation or induction</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Locum Medical Officer:**

| 4.4.1a | ▪ Has disclosed any other employers (NSW Health Standards and Conditions Support Pack) | □ | □ | Secondary employer declaration | □ |
| 4.4.1b | ▪ Has been approved for work by any other employer (full time employees only) | □ | □ | Evidence of approval | □ |
| 4.4.1c | ▪ Has been asked to disclose any potential conflicts of interest, OHS or service delivery risk as a result of secondary employment (refer to NSW Health Standards and Conditions Support Pack) | □ | □ | Secondary employer declaration | □ |
| 4.4.1d | ▪ Advised that prior to commencing work an internal service check will be conducted as per PD2013_026 Service Check Register for NSW Health. | □ | □ | | |

**Performance Management**

Has any Local Health District reported to the Medical Locum Agency any performance related matters regarding the Locum Medical Officer? □ □ Evidence of remedial action □

**The Locum Medical Officer has been checked with the Medical Board of Australia [AHPRA]:**

| 5 | ▪ Conditions on employment | □ | □ | Medical Board of Australia employment conditions | □ |

Submit this completed form to the Health District for the placement of Locum Medical Officer Only
Policy Sign Off Sheet

The importance of my compliance with the provisions of the following documentation has been brought to my attention by my locum agency.

(Please tick when read – all boxes should be marked)

☐ PD2005_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
☐ PD2005_186 Employment Health Assessment Policy & Guidelines
☐ PD2013_050 Workplace Health and Safety: Better Practice Procedures
☐ PD2005_593 Privacy Manual (version 2) NSW Health
☐ PD2012_018 Code of Conduct
☐ PD2006_007 Complaint or Concern about Clinician- Principles for Action
☐ GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
☐ PD2007_036 Infection Control Policy
☐ PD2007_061 Incident Management
☐ PD2013_036 Employment Checks - Criminal Record Checks and Working with Children Checks
☐ PD2008_071 Medical Practitioners – Compliance with Registration Conditions
☐ PD2012_046 Remuneration Rates Payable to Non-Specialist staff – short term/ casual (locum)
☐ PD2013_036 Service Check Register for NSW Health
☐ PD2009_057 Records Management Policy – Department of Health
☐ PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
☐ PD2010_010 Conflicts of Interest and Gifts and Benefits
☐ PD2011_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases

I understand that this “Policy Sign Off” sheet will be placed on file and retained by my medical locum agency.

I have read the above documentation and agree to abide by the provisions set out in these documents at all times during my placement with a NSW Public Hospital.

<table>
<thead>
<tr>
<th>LOCUM MEDICAL OFFICER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Please print</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCUM AGENCY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency Representative</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
</tbody>
</table>

This form to be completed by the Locum Medical Officer and retained by the medical locum agency
Clinical Skills Assessment, Post-Graduate Qualifications and Relevant Courses Completed

This document must be completed by the Locum Agency and forwarded to the Local Health District.

<table>
<thead>
<tr>
<th>Locum name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum contact</td>
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</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency signature</td>
<td>Print name</td>
</tr>
</tbody>
</table>

This list with certified copies of the qualifications is to be provided to the LHD.

<table>
<thead>
<tr>
<th>Post-Graduate Qualification</th>
<th>College / Institution</th>
<th>Verified (X for yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Original Documents Sighted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Original Documents Sighted</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>☐ Original Documents Sighted</td>
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</tbody>
</table>

Submit this completed form to the Health District for the placement of Locum Medical Officer.
Skills Order Form

<table>
<thead>
<tr>
<th>Locum Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum Contact</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Agency Signature</td>
<td>Print name</td>
</tr>
<tr>
<td>Health District</td>
<td></td>
</tr>
<tr>
<td>Position Required</td>
<td></td>
</tr>
</tbody>
</table>

To be completed by Health District and supplied to Agency

<table>
<thead>
<tr>
<th>SKILLS REQUIRED</th>
<th>SKILLS POSSESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL</strong></td>
<td></td>
</tr>
<tr>
<td>○ GENERAL RESIDENT</td>
<td></td>
</tr>
<tr>
<td>○ IN-CHARGE</td>
<td></td>
</tr>
<tr>
<td>○ PAEDIATRIC SKILLS - BASIC</td>
<td></td>
</tr>
<tr>
<td>○ EMERGENCY MEDICINE</td>
<td></td>
</tr>
<tr>
<td>○ ICU MEDICINE NB: when choosing this, the LHD must choose other individually listed skills that are required</td>
<td></td>
</tr>
<tr>
<td>○ INTERNAL MEDICINE ADULT</td>
<td></td>
</tr>
<tr>
<td>○ PSYCH</td>
<td></td>
</tr>
<tr>
<td>○ SURGERY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIRWAY &amp; BREATHING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ MANUAL VENTILATION - ADULT</td>
<td></td>
</tr>
<tr>
<td>○ ADULT INTUBATION - UNCOMPLICATED</td>
<td></td>
</tr>
<tr>
<td>○ ADULT INTUBATION - DIFFICULT</td>
<td></td>
</tr>
<tr>
<td>○ CPAP</td>
<td></td>
</tr>
<tr>
<td>○ BiPAP</td>
<td></td>
</tr>
<tr>
<td>○ INTERCOSTAL CATHETER INSERTION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIRCULATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ CENTRAL LINE INSERTION</td>
<td></td>
</tr>
<tr>
<td>○ ARTERIAL LINE INSERTION</td>
<td></td>
</tr>
<tr>
<td>○ VASOACTIVE DRUGS</td>
<td></td>
</tr>
<tr>
<td>○ CARDIOVERSION &amp; DEFRILLATION</td>
<td></td>
</tr>
<tr>
<td>○ EXTERNAL PACING</td>
<td></td>
</tr>
<tr>
<td>○ PERICARDIOCENTESIS</td>
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</table>

<table>
<thead>
<tr>
<th>PAEDIATRIC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>○ PAED MANUAL VENTILATION</td>
<td></td>
</tr>
<tr>
<td>○ ADV PAED LIFE SUPPORT</td>
<td></td>
</tr>
<tr>
<td>○ ADV PAED LIFE SUPPORT - THEORY</td>
<td></td>
</tr>
<tr>
<td>○ PAED INTEROSSEOUS LINES</td>
<td></td>
</tr>
<tr>
<td>○ PAED INTEROSSEOUS LINES - THEORY</td>
<td></td>
</tr>
<tr>
<td>○ PAED ABG</td>
<td></td>
</tr>
</tbody>
</table>
Submit this completed form to the Health District for the placement of Locum Medical Officer

<table>
<thead>
<tr>
<th>NEONATAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEONATAL MANUAL VENTILATION</td>
<td></td>
</tr>
<tr>
<td>NEONATAL RESUSCITATION - THEORY</td>
<td></td>
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APPENDIX E – Employment Declaration

Employment Declaration

To be completed by the locum medical officer, copy retained by the Medical Locum Agency, original sent to Health District

<table>
<thead>
<tr>
<th>Locum Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Locum Contact</td>
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<td>Agency</td>
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Details of other employers (attach a list if there is greater than two)

**EMPLOYER 1**

<table>
<thead>
<tr>
<th>Details of work undertaken (including travel time)</th>
<th>Average weekly average hours</th>
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Employer Contact Name

Telephone

**EMPLOYER 2**

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<th>Details of work undertaken (including travel time)</th>
<th>Average weekly average hours</th>
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</table>

Employer Contact Name

Telephone

I declare that:

- I have disclosed all other employers, internal or external to the potential engagement, including any other agencies and Health Districts;
- If I am currently working in a full time capacity within the NSW public health system, I have been given approval from my employer to engage in additional work through the locum agency;
- My other employment arrangements do not create any potential conflict of interest; occupational health and safety risks, or risk to quality patient service delivery during placement in a NSW Public Hospital.

I agree to inform my agency of any additional employers.

Locum Signature

Date

Submit this completed form to the Health District for the placement of Locum Medical Officer
Criminal Record Statutory Declaration - Australia

(1) Here insert name, address and occupation of person making the declaration.

I, .............................................................................................................. do solemnly and sincerely declare that I do not have any criminal convictions/pending charges in my country of origin or any country which I have resided in and/or visited prior to entering Australia.

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(2) Signature of person making the declaration.

..............................................................

(3) Signature of person before whom the declaration is made.

(4) Here insert title of person before whom the declaration is made.

On , , , before me,

..............................................................................................................

NOTE 1.-A person who willfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against that Act, the punishment making a false statement is 4 years imprisonment.

NOTE 2.-A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before a Chief, Police, Resident or Special Magistrate, Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia to take affidavits; a person appointed under the Statutory Declarations Act 1959 as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1959, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia or the Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge d'Affaires, or Counsellor, Secretary or Attaché at an Embassy, High Commissioner's office, Legation or other post.
Each Public Health Organisation is required to negotiate a written agreement with each Medical Locum Agency that supplies Locum Medical Officers to the Public Health Organisation. The written agreement must contain the mandatory contractual clauses set out below. These mandatory clauses are not intended to be used as a “template” contract, but rather address only those matters the Department requires Public Health Organisations to include in their agreements with Medical Locum Agencies as a matter of state wide policy. Public Health Organisations should negotiate with Medical Locum Agencies to include in their written agreements additional appropriate contractual clauses that are not inconsistent or conflict with the mandatory clauses.


**MANDATORY CLAUSES**

**Definitions**

Unless otherwise defined, all terms used in this Agreement have the same meaning as in the Policy and the NSW Health Standards and Conditions.

“**Agreement**” means this agreement and includes:

(a) any Schedules annexed to it; and

(b) the NSW Health Standards and Conditions.

“**Confirmed Order**” has the meaning given to it by clause 14 of this Agreement.

“**Locum Medical Officer**” means a medical practitioner introduced to [insert named Public Health Organisation] by the Medical Locum Agency in accordance with this Agreement, and who may be employed by [insert named Public Health Organisation] in casual or temporary capacity to provide cover for an absent member of the permanent non-specialist medical staff or when shifts are unable to be filled by overtime or casual medical employees, and who is not a current member of the [insert named Public Health Organisation]’s casual medical pool.

“**Order**” means a request made by [insert named Public Health Organisation] made in accordance with this Agreement seeking an appropriate Locum Medical Officer to fill a shift or shifts at a [insert named Public Health Organisation] facility.


“**Services**” means the supply of Locum Medical Officers to the [insert named Public Health Organisation] in accordance with requirements of the NSW Health Standards and Conditions.

“**NSW Health Standards and Conditions**” means the NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services, a copy of which is available at http://www.health.nsw.gov.au/business/locums/Documents/locum_conditions.pdf, and which are incorporated as terms and conditions of this Agreement.
Responsibilities of the Medical Locum Agency

1. The Medical Locum Agency must at all times during the term of this Agreement:
   (a) remain listed on the NSW Health Register of Medical Locum Agencies;
   (b) comply with all requirements of the Policy and NSW Health Standards and
       Conditions, including any changes or updates to the Policy and NSW Health
       Standards and Conditions of which the Medical Locum Agency is advised in writing
       by the NSW Health Department from time to time;
   (c) ensure that Locum Medical Officers consent to [insert named Public Health
       Organisation] notifying the Medical Locum Agency of the matters referred to in
       clause 4(d) of this Agreement;
   (d) provide the Services diligently and with all reasonable skill and care expected in the
       provision of such Services and in accordance with all representations and warranties
       as to the Medical Locum Agency’s experience and ability expressly or impliedly made
       by reference to:
       (i) its application for inclusion on the NSW Health Register of Medical Locum
           Agencies;
       (ii) this Agreement;
       (iii) by law; or
       (iv) any and all information, documents, forms and the like submitted by the Medical
           Locum Agency to the NSW Department of Health and/or to any third party auditor
           body accredited with Joint Accreditation System of Australia & New Zealand (JAS-
           ANZ) for the purposes of inclusion on the NSW Health Register of Medical Locum
           Agencies;
   (e) ensure that its agreements with Locum Medical Officers includes a requirement that
       where a Locum Medical Officer is unable to work a shift or shifts in a Confirmed Order
       for any reason, the Locum Medical Officer must advise the [insert named Public Health
       Organisation] Casual and Locum Staffing Service and/or the Medical Locum
       Agency as soon as possible.

2. The parties agree that for the purpose of providing the Services the Medical Locum
   Agency is required to obtain information from third parties (including but not limited to
   health professional registration bodies) and that it shall not be liable for any errors or
   inaccuracies contained in such information, provided that the Medical Locum Agency
   acts with reasonable skill and care in obtaining and considering such information prior to
   passing it on to [insert named Public Health Organisation].

Responsibilities of [insert named Public Health Organisation]

3. [insert named Public Health Organisation] acknowledges and agrees that:
   1. Locum Medical Officers supplied by the Medical Locum Agency under this Agreement
      are, at the time they commence a shift at a [insert named Public Health
      Organisation] facility, engaged by [insert named Public Health Organisation] as
      employees of the NSW Health Service pursuant to the Health Services Act 1997;
   2. it assumes, as the delegate of the Director-General of the NSW Department of
      Health, all statutory and other legal obligations in respect of that employment
      relationship; and
   3. it will comply with all applicable NSW Health policy directives in respect of that
      employment relationship, including NSW Health Policy Directive PD2012_046
      Remuneration Rates for Non-Specialist Medical Staff – short term/casual (locum),
engaged on a short term or casual locum basis, and where rates are approved in accordance with PD2012_046 that exceed the rates prescribed by that policy [insert named Public Health Organisation] must provide a copy of the approval to the Medical Locum Agency at the time of the Confirmed Order.

4. [insert named Public Health Organisation] must at all times during the term of this Agreement:
   1. ensure that the level of responsibilities and duties at which it requires a Locum Medical Officer to work in its facilities are consistent with those specified in the Order;
   2. provide appropriate supervision and direction of the Locum Medical Officer whilst the Locum Medical Officer works at any facility of [insert named Public Health Organisation];
   3. ensure Locum Medical Officers are made aware of any applicable [insert named Public Health Organisation] policies and procedures and any changes to them from time to time; and
   4. notify the Medical Locum Agency in writing of any concerns held by [insert named Public Health Organisation] about the performance or conduct of a Locum Medical Officer that arise where the Locum Medical Officer is working at a [insert named Public Health Organisation] facility pursuant to a Confirmed Order.

Insurance

5. Without limiting the Medical Locum Agency’s obligations under this Agreement, the Medical Locum Agency will, during the continuance of this Agreement and for a period of twelve (12) months after its expiration or termination (unless clause 5(c) applies in which case the period shall be six (6) years), take out and maintain with a reputable insurance company the following insurance policies:
   a) a broad form public liability policy of insurance in the amount of not less than Fifteen Million Dollars ($15,000,000) in respect of any one occurrence and in the aggregate for any one period of cover;
   b) workers’ compensation insurance in accordance with applicable legislation in respect of all employees of the Medical Locum Agency; and
   c) a professional indemnity policy of insurance in the amount of not less than Ten Million dollars ($10,000,000) in respect of any claim and Twenty Million dollars ($20,000,000) in the aggregate for any one period of cover, and which must be maintained by the Medical Locum Agency until the expiry or termination of this Agreement and a period of not less than six (6) years after the expiry or termination of this Agreement.

6. The Medical Locum Agency will, on request, produce to [insert named Public Health Organisation] satisfactory evidence that the Medical Locum Agency has effected and renewed the insurance policies referred to in Clause 5.

Indemnity

Indemnity provided by Medical Locum Agency

7. The Medical Locum Agency must indemnify and keep indemnified [insert named Public Health Organisation] and the State of New South Wales and each of their officers, employees and agents (“those indemnified”) from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses), which may be brought against, made upon, or suffered or incurred by any of those indemnified arising directly or indirectly as a result of or in connection with:
   a) the provision of the Services to the extent that the same is due to a breach of the terms of the Agreement or a negligent, wilful or reckless act, default or omission of
the Medical Locum Agency or any of its officers, employees, agents and/or subcontractors; and/or

b) any act or omission of the Medical Locum Agency or any of its officers, employees, agents and/or subcontractors in connection with the provision of the Services under this Agreement resulting in personal injury to or death of any person, or the loss of or damage to property.

8. The Medical Locum Agency’s liability to indemnify those indemnified under clause 7 shall be reduced proportionately to the extent that any unlawful, wrongful, wilful or negligent act or omission of those indemnified caused or contributed to the liability or loss.

Indemnity provided by [insert named Public Health Organisation]

9. [insert named Public Health Organisation] must indemnify and keep indemnified the Medical Locum Agency and its employees and agents (“those indemnified”) from and against all actions, proceedings, claims, demands, costs, losses, damages and expenses (including reasonable legal costs and expenses) which may be brought against, made upon, or suffered or incurred by any of those indemnified arising directly or indirectly as a result of or in connection with:

(a) any act or omission on the part of a Locum Medical Officer in the course of the Officer’s employment at a [insert named Public Health Organisation] facility following the supply of the Locum Medical Officer by the Medical Locum Agency under this Agreement; and/or

(b) any negligent, wilful or reckless act, default or omission of [insert named Public Health Organisation] or any of its officers, employees, agents and/or subcontractors in connection with this Agreement.

10. [insert named Public Health Organisation]’s liability to indemnify those indemnified under clause 9 shall be reduced proportionately to the extent that any unlawful, wrongful, wilful or negligent act or omission of those indemnified caused or contributed to the liability or loss.

Orders

11. [insert named Public Health Organisation] may place Orders for Locum Medical Officers in accordance with the NSW Health Standards and Conditions and Schedule [X] to this Agreement.

12. [insert named Public Health Organisation] does not make any representation or provide any guarantee or undertaking that it will place any particular volume of Orders, or any Orders at all, with the Medical Locum Agency for supply of Locum Medical Officers under this Agreement, or that any Order placed will result in a Confirmed Order with the Medical Locum Agency.

13. The Medical Locum Agency does not make any representation or provide any guarantee or undertaking that it will be able to supply a Locum Medical Officer in response to an Order placed by the [insert named Public Health Organisation].

14. Following the placing of an Order:

(a) the Medical Locum Agency may offer to fill the Order with a Locum Medical Officer in accordance with the requirements of Schedule [X] to this Agreement; and

(b) [insert named Public Health Organisation] may accept the Locum Medical Officer offered by the Medical Locum Agency in accordance with the requirements of Schedule [X] to this Agreement,
in which case the Order becomes confirmed (a “Confirmed Order”).

15. All Orders and Confirmed Orders must be placed through the [insert named Public Health Organisation] Casual and Locum Staffing Service and in accordance with the requirements of Schedule [X] to this Agreement.

16. [insert named Public Health Organisation] will not have any obligation to pay commission to the Medical Locum Agency in respect of any Confirmed Orders made otherwise than in accordance with clause 15 unless:

(a) where [insert named Public Health Organisation] has an on-line booking system, the on-line booking system is temporarily unavailable due to technical problems and the Order or Confirmed Order is placed in accordance with the requirements of Schedule [X] to this Agreement; or

(b) the Medical Locum Agency is advised by an officer of [insert named Public Health Organisation] that the Order or Confirmed Order is required to be placed as an emergency and in accordance with the requirements of Schedule [X] to this Agreement.

17. Where there is a Confirmed Order in respect of a particular Locum Medical Officer:

(a) the Medical Locum Agency must provide the Locum Medical Officer in accordance with the requirements of the Confirmed Order and must not unreasonably cancel the Confirmed Order;

(b) where the Medical Locum Agency is unable to fulfil the Confirmed Order for any reason, the Medical Locum Agency must:

(i) notify the Casual and Locum Staffing Service in writing or orally in accordance with the requirements of Schedule [X] as soon as reasonably practicable to enable alternative filling of the vacancy;

(ii) not offer to supply that Locum Medical Officer for another shift or shifts at the same time at any NSW Health facility (except with the agreement of [insert named Public Health Organisation]);

(iii) use its best endeavours to offer [insert named Public Health Organisation] a suitable alternative Locum Medical Officer for the shift or shifts; and

(iv) if a suitable alternative Locum Medical Officer is not able to be supplied, reimburse [insert named Public Health Organisation] any expenses (such as airfares or accommodation) which have been reasonably incurred by [insert named Public Health Organisation] as a result of the placement of the Confirmed Order and prior to receiving notice of its cancellation;

(c) [insert named Public Health Organisation] must:

(i) not further promote or advertise (internally or externally) the shift or shifts which are the subject of the Confirmed Order;

(ii) fulfil the requirements of the Confirmed Order and must not unreasonably cancel the Confirmed Order;

(d) where [insert named Public Health Organisation] is unable to fulfil the Confirmed Order for any reason (including without limitation that the shift or shifts the subject of the Confirmed Order are no longer available), [insert named Public Health Organisation] must:
notify Medical Locum Agency of the cancellation in writing or orally in accordance with the requirements of Schedule [X] as soon as reasonably practicable;

(ii) where [insert named Public Health Organisation] provides notice of cancellation to the Medical Locum Agency less than 24 hours prior to the commencement of the shift or shifts covered by Confirmed Order, the Medical Locum Agency shall be entitled to payment of the commission that would otherwise have been payable in respect of the shift or shifts covered by the Confirmed Order, unless:

(A) [insert named Public Health Organisation] becomes aware that the Locum Medical Officer does not meet the requirements of the Order, in which case no commission is payable; (Note: this paragraph will also apply where a Confirmed Order is cancelled during the course of the shift or shifts covered by the Confirmed Order)

(B) the shift or shifts the subject of the Confirmed Order become unavailable due to unforeseen circumstances beyond the reasonable control of [insert named Public Health Organisation] (such as a major incident), in which case no commission is payable;

(C) the Locum Medical Officer is placed in alternative work by the Medical Locum Agency during the whole of the working period covered by the Confirmed Order, in which case no commission is payable; or

(D) the Locum Medical Officer is placed in alternative work for part of the working period covered by the proposed Order, in which case Medical Locum Agency shall be entitled to payment of commission for the balance of the working period only; and

a. reimburse the Medical Locum Agency and the Locum Medical Officer any expenses (such as airfares or accommodation) which have been reasonably incurred as a result of the placement of the Confirmed Order and prior to receiving notice of its cancellation;

(e) [insert named Public Health Organisation] is required under NSW Health PD2013_036 Service Check Register for NSW Health to complete a check of the NSW Health Service Check Register in respect of the Locum Medical Officer the subject of the Confirmed Order and, in the event the Locum Medical Officer is identified on the Register, [insert named Public Health Organisation]:

(i) will conduct a risk assessment of the Locum Medical Officer pursuant to PD2013_036;

(ii) may at its absolute discretion cancel the Confirmed Order; and

(iii) will advise the Locum Medical Agency the Confirmed Order has been cancelled because:

(A) a risk assessment is required to be conducted pursuant to PD2013_036; or

(B) following a risk assessment conducted pursuant to PD2013_036, [insert named Public Health Organisation] has decided not to accept placement of the Locum Medical Officer;

(f) other than as expressly provided in sub-clause 17(d)(ii), the Medical Locum Agency and the Locum Medical Officer shall not be entitled to any commission, compensation, remuneration or other payment arising from the cancellation of a Confirmed Order by [insert named Public Health Organisation].

Information to be provided by Medical Locum Agency
18. The Medical Locum Agency must provide the [insert named Public Health Organisation] with:

(a) the information required by the NSW Health Standards and Conditions; and

(b) personal information relating to Locum Medical Officers required for the purposes of employment records and payment of Locum Medical Officers by the [insert named Public Health Organisation].

The parties acknowledge and agree that Locum Medical Officers may also supply their own personal information directly to [insert named Public Health Organisation] for the purposes of clause 18(b).

19. The Medical Locum Agency must ensure that all information required to be provided by it under clause 18 is provided in accordance with applicable privacy legislation.

20. [insert named Public Health Organisation] must ensure that it keeps confidential all information provided to it under clause 18, and only uses or discloses the information:

(a) in accordance with this Agreement; or

(b) as required or permitted by law or NSW Health policy directive.

21. If the quality of the information required to be provided by the Medical Locum Agency under clause 18 does not meet the reasonable requirements of [insert named Public Health Organisation], the Locum Medical Officer cannot be registered in the on-line system (where applicable), nor placed in a facility until the information is considered satisfactory.

22. It is the responsibility of the Medical Locum Agency to ensure that its contact details, in particular, email and mobile phone number, are up to date. [insert named Public Health Organisation] cannot be held responsible for a non-receipt of an Order or Confirmed Order by a Medical Locum Agency where information provided by the Medical Locum Agency is incorrect or out of date.

Secondary employment approval

23. The Medical Locum Agency accepts that if the Locum Medical Officer is otherwise employed anywhere in the NSW Health Service, it is the responsibility of the Locum Medical Officer to seek secondary employment approval from the relevant Chief Executive or delegate in accordance with applicable NSW Health and/or [insert named Public Health Organisation] policy directives. This approval must be provided prior to acceptance of the Locum Medical Officer by [insert named Public Health Organisation].

Subsequent employment of Locum Medical Officers within NSW Health

24. The parties agree that:

(a) at any time after a Locum Medical Officer completes his or her initial placement period at a facility of [insert named Public Health Organisation], the Locum Medical Officer is free to enter into an alternative employment arrangement with any Public Health Organisation, including permanent, temporary and casual employment, and that subject to clause 24(b) below no compensation or other payment shall be
required to be made by the Public Health Organisation to the Medical Locum Agency in respect of such employment of the Locum Medical Officer;

(b) in the event the Locum Medical Officer subsequently joins [insert named Public Health Organisation]'s casual medical pool, provided no more than 13 weeks has passed between the last shift worked by the Locum Medical Officer with [insert name of Public Health Organisation] through the Medical Locum Agency and the first shift worked by the Locum Medical Officer through the casual medical pool of [insert named Public Health Organisation], then the Medical Locum Agency is entitled to a one off payment from [insert named Public Health Organisation] calculated as follows:

(i) where the Locum Medical Officer has worked 12 shifts or more through the Medical Locum Agency in the 13 week period prior to the first shift worked by the Locum Medical Officer through the casual medical pool – $750;

(ii) where the Locum Medical Officer has worked less than 12 shifts through the Medical Locum Agency in the 13 week period prior to the first shift worked by the Locum Medical Officer through the casual medical pool – $1,250;

(c) following the one off payment in clause 24(b), no further compensation or commission is payable by [insert named Public Health Organisation] to the Medical Locum Agency in respect of the Locum Medical Officer;

(d) where a period greater than 13 weeks has passed between the last shift worked by the Locum Medical Officer with [insert name of Public Health Organisation] through Medical Locum Agency and the first shift worked by the Locum Medical Officer through the casual medical pool of [insert named Public Health Organisation], then no compensation or further commission is payable by the [insert named Public Health Organisation] to Medical Locum Agency in respect of the Locum Medical Officer;

(e) prior to the Locum Medical Officer joining [insert named Public Health Organisation]'s casual medical pool, [insert named Public Health Organisation] will be required to undertake the appropriate check in accordance with the PD2008_029 Employment Screening Policy. It is recognised that the Locum Medical Officer’s decision to join the casual medical pool is a choice to be exercised freely by the individual Locum Medical Officer and must not be influenced by the Medical Locum Agency or [insert named Public Health Organisation]. [Insert named Public Health Organisation] staff will at all times act in accordance with PD2012_018 Code of Conduct NSW Health;

(f) a Locum Medical Officer who has joined the [insert named Public Health Organisation] casual medical pool is free at any time to leave the casual medical pool and re-join the Medical Locum Agency, however in that event if the Locum Medical Officer subsequently re-joins the [insert named Public Health Organisation] casual medical pool [insert named Public Health Organisation] will not be liable to make any further payment under clause 24(b); and

(g) the amounts specified in clause 24(b) shall be increased on 1 July of each year during the term of this Agreement by the amount of the Australian Consumer Price Index (weighted average of eight capital cities) as published by the Australian Bureau of Statistics for the most recently published twelve month period ending prior to 1 July in that year.
Communication between [insert named Public Health Organisation] and Locum Medical Officers

25. [insert named Public Health Organisation] acknowledges and agrees that it will not communicate directly with a Locum Medical Officer for the purpose of offering the Locum Medical Officer a specific shift or shifts at a [insert named Public Health Organisation] facility.

26. The parties agree that nothing in clause 25 prevents [insert named Public Health Organisation] from:

   (a) communicating directly with a Locum Medical Officer for the purpose of offering the Locum Medical Officer a shift at a [insert named Public Health Organisation] facility where the Locum Medical Officer is employed (including full-time, part-time or through a casual medical pool) as a medical officer elsewhere within the NSW Health Service, but not where the Locum Medical Officer’s employment in the NSW Health Service arises exclusively through a locum arrangement;

   (b) communicating directly with a Locum Medical Officer in the event of a pandemic or other emergency or disaster;

   (c) complying with a requirement of the law or NSW Health Department policy directive;

   or

   (d) using information provided by either the Medical Locum Agency or Locum Medical Officers in accordance with clause 18 of this Agreement to communicate directly with Locum Medical Officers:

      (i) for the purpose of providing information to Locum Medical Officers relating to their rights and obligations as employees within the NSW Health Service; or

      (ii) for the purpose of providing information to Locum Medical Officers relating to general employment opportunities (but not a specific shift or shifts) within NSW Health (including employment through casual medical pools),

and the Medical Locum Agency is responsible for ensuring that Locum Medical Officers are aware their personal information may be used by [insert named Public Health Organisation] for these purposes.
Termination

Termination for Convenience

27. Either party may terminate this Agreement for convenience by giving not less than three (3) month’s notice in writing, with such termination being effective upon the expiry of this three (3) month period.

Settlement of outstanding monies

28. If either party terminates this Agreement for convenience:

(a) the party terminating the Agreement must reimburse the other party for any unavoidable costs and expenses directly incurred as a result of termination provided that any claim is supported by satisfactory written evidence of the costs claimed;

(b) the parties must do everything reasonably possible to prevent or otherwise mitigate any losses resulting from the termination.

Termination For Cause

29. Where the Medical Locum Agency:

(a) ceases to be listed on the NSW Health Register of Medical Locum Agencies; or

(b) breaches the Agreement in circumstances which [insert named Public Health Organisation] reasonably considers give rise to a risk to the health or life of any person,

[insert named Public Health Organisation] may terminate this Agreement with immediate effect by providing notice in writing to the Medical Locum Agency.

30. With the exception of the circumstances in clause 29, this Agreement may be terminated by either party for any breach of this Agreement where such breach has failed to be rectified within thirty (30) days of written notification of the breach by the other party.

Effect of termination on prior rights and Confirmed Orders

31. Subject to clause 32, termination of this Agreement for any reason shall not:

(a) extinguish, prejudice or affect any antecedent rights that may have accrued to a party prior to the date of termination; or

(b) affect the rights and obligations of the parties in respect of a Confirmed Order made prior to termination (including the right of [insert named Public Health Organisation] to cancel the Confirmed Order in accordance with clause 17(d) of this Agreement).

32. Where this Agreement is terminated pursuant to clause 29, any Confirmed Orders made prior to termination are deemed to have been cancelled by [insert named Public Health Organisation] at the time notice of termination is provided, and the Medical Locum Agency shall not be entitled to any payment in respect of such cancelled Confirmed Orders.
33. Notwithstanding any other provision of this Agreement, the covenants provided by either party shall survive the expiration or earlier termination of this Agreement.

**Previous arrangements or agreements superseded**

34. These arrangements supersede any former arrangement or agreement with the Medical Locum Agency in place at the hospitals or facilities of the [insert named Public Health Organisation].

**Relationship between parties**

35. The Medical Locum Agency shall not represent itself, and shall ensure that its employees and agents do not represent themselves, as being employees or agents of [insert named Public Health Organisation].

**Disputes**

36. In the event of any dispute about the terms of operation of this Agreement, before taking any other action:

(a) the party raising the dispute will notify the other party in writing of the dispute and the nature of it;

(b) upon the giving and receiving of a notice of dispute, the [insert named Public Health Organisation] Director, Workforce Development or delegate and the Principal / Director / Chief Executive of the Medical Locum Agency will attempt to resolve the dispute through negotiation;

(c) if the dispute remains unresolved after one (1) week of receipt of the notification of the dispute, the parties will constitute a joint committee, consisting of two (2) representatives of each party. The parties will endeavour to constitute this committee within two (2) weeks of the receipt of notification of the dispute. The joint committee will attempt to resolve the dispute by negotiation;

(d) if the dispute is not resolved by negotiation after one (1) month of the committee being constituted, unless the committee agrees that the dispute can be dealt with in an alternative way, the parties will refer the dispute to a meeting of the Director General of the NSW Department of Health or delegate, and a nominee of the Medical Locum Agency, who will jointly attempt to resolve the dispute;

(e) if a resolution of the dispute is still not possible, the dispute will be referred to an independent mediator or arbitrator nominated by the President of the Law Society of NSW who will mediate an outcome or, failing a successful mediated resolution, make a decision that will be binding on both parties.

(f) Each party will bear their own costs; with the costs associated with the use of an independent mediator/arbitrator under clause 36 are to be shared equally by the parties.

**Variation and change in law**

37. Any variation to the Agreement must be in writing signed by both parties.

38. The [insert named Public Health Organisation] may advise the Medical Locum Agency of any proposed amendment to the terms of this Agreement by providing at least three (3) month’s notice in writing, unless the proposed amendment results from a change in legislation, regulation or the law in which case [insert named Public Health Organisation]...
Organisation] must provide notice in writing to the Medical Locum Agency of the proposed amendment as soon as practicable. If the Medical Locum Agency fails to agree in writing to an amendment proposed by [insert named Public Health Organisation] in accordance with this clause, the Agreement shall terminate at the expiration of the period of notice provided by [insert named Public Health Organisation].
APPENDIX H - Consideration of requests for secondary (medical) employment by non-specialist medical staff in the NSW Health Districts

This is an adjunct to NSW Health Secondary Employment: Policy and Guidelines (currently in draft) until this policy is released the NSW Health - Code of Conduct, section 2.4 outside employment and business activities must be referenced.

This information will assist individual Medical Officers, Department Heads, Directors of Medical Administration/Services and other managers when considering requests for secondary employment by non-specialist medical staff, where the secondary employment is medical in nature.

This information does not replace any NSW Health Policy and Guidelines on Secondary Employment or any Public Health Organisation Policy on Secondary Employment and/or Extra-Official duties but must be read in conjunction with the above named policies, as well as the additional references listed below.

In addition to the general outcomes specified in the policies on Secondary Employment, it is expected that:

- opportunities for “additional medical employment” be offered to existing employees who request it, if and only if, they have made themselves available for overtime at their primary place of work or other Public Health Organisation facilities, and have not been required to work that overtime;

- approval for medical locum work (obtained via an external Medical Locum Agency, or by independent means) for existing medical staff will only be granted where the Public Health Organisation, either through its normal networking, roster management processes, and utilization of the casual pool, cannot otherwise fill that specific work opportunity.

In the majority of cases, requests for secondary employment of medical nature by non-specialist medical staff are for the purposes of undertaking locum work. However, Medical Officers seeking medical locum work may not have realised the opportunities within their own Public Health Organisation at different facilities. Redirection to other Departments who have additional work to offer is preferred by the Public Health Organisation because:

- of familiarity with the workplace and local protocols and processes;

- the Public Health Organisation is better able to manage its obligations under the OH&S Act/Regulation in particular with respect to reasonable hours of work; and

- the Public Health Organisation is better able to manage appropriate supervision for the individual Medical Officer as they are already known.

Employees who seek to work as Locum Medical Officers (i.e. introduced through a Medical Locum Agency on the NSW Health Register of Medical Locum Agencies) are required to seek approval of the Chief Executive or delegate. The nominated delegate must be consistent with the Delegations Manual and must expediently review secondary employment applications.

Secondary employment approval must be obtained by Public Health Organisation employees who wish to undertake secondary employment and other business activities in accordance with other NSW Policy Directives. Each Public Health Organisation is to establish a central register of Secondary Employment approvals at the office of the Director of Workforce Development. Secondary employment approval will be only deemed to have been granted if it can be verified on the central register of the Public Health Organisation.

When engaging Locum Medical Officers, the engaging Public Health Organisation is obliged to verify that Secondary Employment approval exists. Proposed Locum Medical Officers who do not have approval for secondary employment must not be engaged by the Public Health Organisation. Public Health Organisations must provide appropriate feedback to the proposed Locum Medical Officer or their agency of this requirement.

All Public Health Organisations have established a Casual Medical Pool. Medical Officers in the
casual pool that are senior residents, PGY3+, registrars and career medical officers and registered to practice in NSW will be offered shifts to fill short term, casual and temporary vacancies in NSW public hospitals. Applications are lodged through the relevant e-mail address for each Public Health Organisation listed at http://www.health.nsw.gov.au/jobs/recruitment/CasualPool.asp

Steps towards decision making

1. Approval for locum work must only be given by the Public Health Organisation Chief Executive, or delegate. The nominated delegate must be consistent with the Delegations Manual and review secondary employment applications expeditiously.

2. Where there are known vacancies, or where known overtime opportunities exist, Medical Officers can be referred to the appropriate department to be incorporated in the normal roster management process of that department.

3. Medical staff are required to make themselves available for reasonable overtime within the Public Health Organisation before seeking other work.

4. Apart from Point 2 (above) all Medical Officers requesting secondary employment approval for medical Locum work must be advised to register with the Casual Medical Pool where additional work opportunities throughout NSW Public Hospitals will exist.

5. Where the applicant Medical Officer has a management plan in place for identified performance issues, they must be counseled against seeking additional work in multiple locations, as this is not a conducive environment to support the Medical Officer towards improvement. In these circumstances it would be envisaged that applications for secondary employment would not be approved.

If given, approval for secondary employment must only be for the period of the current contract of employment or 12 months, whichever is the shorter period. After this period of time, a new approval will be required.

References and related policies

- PD 2010_074: Medical Officers – Employment Arrangements in the NSW Public Health System
- Health Service specific policies on secondary employment and extra-official duties
- PD2012_018NSW Health Code of Conduct
APPENDIX I – Considering Additional Shifts, Rostering and Hours Management and Risk Management

ADDITIONAL Shifts

Principles for Medical Officers Working Additional Shifts

Medical Officers who are employees of a Public Health Organisation and who make themselves available to fill some of the vacant shifts outside of their normal rostered hours are appreciated. However, the Medical Officer’s first priority must be to be available for reasonable overtime in the facility or unit in which they are primarily employed.

Employees must take a break during periods of rostered paid leave for example; annual leave, long service leave and the paid component of maternity leave and therefore must not be employed as Locum Medical Officers during these periods.

The hierarchy for medical staff working additional clinical shifts is:

1. The unit/department where they are allocated;
2. The hospital where they are allocated;
3. The clinical network/stream to which they are allocated; (if applicable)
4. Other facilities within the same Public Health Organisation; and
5. Hospitals/facilities in another Public Health Organisation of the NSW Health System under casual medical pool arrangements

Under these conditions, the relevant award rate will be paid. At all times the Medical Officer is to ensure that they are working safe hours; and for PGY1 and PGY2 that they are supervised.

Excessive Consecutive Hours worked

Working long hours in any one period (generally considered to be beyond 10 hours and up to 16 hours) may have a number of effects:

- where extended hours are part of a rotating shift, further disruption to circadian rhythms may result;
- fatigue due to lack of sleep; and
- reduced work performance particularly in the early hours of the morning.

Minimum Rest within and Between Work Periods

- at least 10 hours sleep rest period should be taken between shifts/continuous work periods; the minimum being 8 hours for 8 hour shifts. All others should be a minimum of 10 hours plus any travelling time home;
- at least one complete 24 hour period off in a 8 day period; and
- four complete 24-hour periods off in a 28-day period.

Speed and Direction of Shift Rotations

- shift variations should be limited to a maximum of two, quick shifts or unrostered overtime shifts, variations in a seven (7) day period;
- changes from day (starting 6am and finishing by 10pm) to night (includes working the majority of the shift between 11pm and 6 am) or night to day should be after 24 clear hours off duty with the employee having a minimum eight hour continuous sleep period.

Work Schedules

- staff establishments should be sufficient to carry out the work required, and keep overtime to a minimum;
- rosters for both routine and rostered overtime and on-call should be planned as part of the roster development process;
- leave management (requests, approvals, relief) should be an integrated part of developing rosters;
- rosters should incorporate an appropriate number of on-call staff for unplanned leave and emergencies;
- 60 hours per seven-day period is the maximum recommended hours. This includes overtime and any other employment undertaken. If this is rostered no additional shifts should be considered; and
- a maximum of 160 hours in any 21-day period is to be avoided unless at least two 48-hour rest periods are incorporated.
Night Shift
(includes working the majority of the shift between 11pm and 6 am) or Extended Hours that Lead into Nightshift

- only shifts that are overtime based should be considered;
- the rest periods as stated should be accommodated at the end of the extended shift;
- where direct attendance is not required, staff are allowed to rest in facilities, provided they understand that they must respond to any request from clinical staff for advice or assistance; and
- any sleep period should not be counted for rest periods between shifts or in the roster cycle.

Effective risk management principles for the type of Work and Additional Workloads

- where high workloads are in place, managers should monitor staff responses and treatments delivered more closely when shifts exceeding 10 hours have been worked (refer Appendix B); and
- issues of sub-optimal performance should be monitored with processes investigated and put in place to support medical officers. (This is not a disciplinary process).

Risk management of potential exposure to other hazards

- staff that have worked extended shifts should be encouraged to seek local accommodation, or supported in transport home.
ROSTERING AND HOURS MANAGEMENT

A significant number of NSW Public Hospitals use electronic database driven rostering tools. These include “Romulus” and “Roster-On” and others.

The following audits should be performed as part of the roster preparation and review process to provide analysis on hours to be worked, hours actually worked – both excessive and seemingly few.

The suggested markers and reasons are as follows:

<table>
<thead>
<tr>
<th>Total hours &gt;= 130 per fortnight</th>
<th>Monitor excessive hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours &lt;80 per fortnight</td>
<td>Monitor insufficient hours rostered</td>
</tr>
<tr>
<td>Total hours &gt;88 but &lt;120 per fortnight</td>
<td>Monitor for capacity to roster additional overtime</td>
</tr>
<tr>
<td>Continuous hours worked &gt;16</td>
<td>Monitor excessive length of shift</td>
</tr>
</tbody>
</table>

A one-off event may not trigger the alert, but a continual pattern for an individual Medical Officer or engaging department should be addressed.

Where there appears to be a capacity for additional overtime in departments where Locums are used, this needs immediate feedback to the Chief Executive or delegate.

The Casual and Locum Staffing Services are to be implemented to manage casual medical placements (also known as Locum Medical Officers). For these booking systems to monitor hours of work, it is proposed to mitigate the risk of working unreasonable hours by asking the proposed Locum or casual three questions as part of the use of the system:

1. Are the total hours worked (primary and secondary employment) >= 60 per 7 days?
2. If this shift is worked, will this incur a total continuous period of work >= 16 hours?
3. Is there a continuous break both before and after this shift of at least 8 hours where you can sleep (excluding travel time)?

Centrally managed booking systems should not in general allow breach of the above parameters. However, it is acknowledged that for some Medical Officers, casual medical placement is work performed in addition to primary employment. Therefore, if the above guidelines are exceeded it is expected that the Medical Officer inform their manager and roster manager so that together the hours can be optimised.
RISK MANAGEMENT

Hospital responsibilities

- rest areas in which Medical Officers can take short breaks from duty;
- locker rooms and showers;
- suitable facilities for Medical Officers where required on the hospital campus to enable a minimum of 8 hours undisturbed sleep between shifts or to have short naps within long shifts;
- access to catering facilities providing nutritional food and beverages consistent with dietary guidelines that maximise the ability to work shifts and extended hours;
- access to Employee Assistance Programs (EAP) services to assist in any issues arising from the disruption to individual, family, or social patterns caused by shifts or extended hours; and
- access to advice on diet and physical fitness.

Similarly, risks related to commuting after long shifts have been worked are a matter for both employer and Medical Officer to monitor closely.

Medical Officer responsibilities

Employers and Medical Officers have a joint responsibility to meet health and safety obligations, and to take reasonable care not to put themselves, or others, at risk. This includes awareness of policies, procedures and expectations regarding rostering and leave. Translating this duty to shift work and extended hours an employee would be expected to:

- participate in training provided to gain an understanding of the hazards of shift work and extended hours;
- ensure that breaks provided within and between shifts are used for rest and recuperation;
- report incidents arising from hazards related to shift work and extended hours via the Incident Information Management System (IIMS);
- recognise signs of sleep deprivation fatigue and the impact on themselves and others;
- report to managers on circumstances in which fatigue and lack of sleep is impacting on individual well being and patient care; and
- understand the implications of voluntarily seeking and undertaking additional hours, both at the hospital and elsewhere, that may increase risks to health and safety and patient care.

It is recommended that managers develop with their medical officers operational principles on work readiness covering such matters as drugs and alcohol, extra curricular commitments including other jobs and education and training commitments.

Risk Assessment

In conducting a Reasonable Hours Risk Assessment the following questions should be covered. The attached table provides a framework for judging the overall risk.

Are Medical Officers regularly scheduled to work more than 16-hour shifts? Medical Officers must advise that by accepting a shift they are not working greater than 16 hours sequentially.

Do Medical Officers work through a full shift cycle (i.e. 24 hours or more) at least once in a 7-day period?

Do Medical Officers work more than 12 consecutive hours in any one period (including overtime and recalls) at least twice a week?

Is the minimum period of rest between scheduled work less than 10 hours?

Are the total hours worked?
In a 7-day period more than 70 hours (including overtime and recalls)?
In a 14-day period more than 140 hours?
In a 28-day period more than 280 hours?

6 Is the minimum non-work time?
• In a 7-day period less than 88 hours?
• In a 14-day period less than 176 hours?
• In a 28-day period less than 352 hours?

7 Is there less than a 24-hour break free of work in a 7-day period?
8 Are there less than two 24-hour breaks free from work in a 14-day period?
9 Are there less than eight 24-hour periods free from work in a 28-day period?

10 Are Medical Officers rostered for on-call duty more than once every three days?
11 Does the shift rotation move anti-clockwise?
12 Does the shift rotation change direction and speed over a 28-day period?
13 Is a Medical Officer scheduled for on-call duty comprising more than 24 hours of the minimum 88 hours free from work in a 7-day period?
14 Is a Medical Officer scheduled to work nightshifts whilst peak educational and training requirements have to be met?

Risk Assessment Table (based on a 7-day period)

*Each Lower Risk Element to be scored at 1
*Each Moderate Risk Element to be scored at 2
*Each Higher Risk Element to be scored at 3

Key Action Plans

<table>
<thead>
<tr>
<th>Risk Factor Score</th>
<th>Action</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20</td>
<td>Self monitor</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>Between 21-30</td>
<td>Negotiation and involvement by employing department</td>
<td>Manager, Medical Officer and central LHD booking service</td>
</tr>
<tr>
<td>Above 30</td>
<td>Should not be considered for shift</td>
<td>Manager or medical Officer</td>
</tr>
</tbody>
</table>

3.1.1 Documentation to be maintained

The following documentation must be maintained on high risk situations:

i. Medical Officer Concerned;
ii. Date and time of risk.
iii. Summary of situation leading up to high risk situation,
iv. Actions taken to reduce the risk;

Design Principles for Rosters

The following performance based principles should underpin the design of work schedules, which should be designed to:

• Minimise the occasions on which Medical Officers are required to work more than 16 hours in a period
• Ensure that breaks between shifts enable Medical Officers a minimum 8 hours continuous sleep before resuming duty where the hours on duty are less than 12 hrs.
• Ensure that any period of extended hours is compensated with a longer break before resuming a shift.
• Use a forward shift rotation to minimise individual adaptation problems.
• Avoid rapid shift changes such that at least a 24-hour break is provided before rotating to a new shift.
• Ensure Medical Officers have regular time (a minimum of 24 hours) free of work in
a 7-day period in which unrestricted sleep is possible.

- Minimise consecutive night shifts in order to limit reductions in performance levels caused by circadian rhythm imbalances.
- Ensure that longer breaks between and following night shifts are provided.
- Account for ‘covering’ contingencies caused by sickness or absences.
- Maximise the opportunity to take breaks within shifts.
- Rosters should be developed and released as soon as all permanent staff have been allocated shifts. Ideally rosters should be able to match local roster cycles for training or other programs and in accordance with award provisions. Revisions should be released as required there after as required.

Other risk control strategies that should be used in managing workloads include:

- Where practicable, complex tasks should be scheduled during the day and routine and administrative tasks should be minimised or redesigned to ensure Medical Officers can focus on core duties in their working time.
- Undertaking complex tasks early in the shift where practicable.
- Management should allocate staff numbers to peak times and demands minimising the exposure to risks associated with extended working hours. Numbers and types of Medical Officers should be rostered on the basis of predictable demands for services by daily, weekly, seasonal and annual trends.
- Replacing or substituting rostered Medical Officers where extended hours have created a risk to Medical Officer’s health and safety and patient welfare.
- Deferring non-urgent work to allow appropriate rest and recuperation for Medical Officers.

<table>
<thead>
<tr>
<th><em>Lower Risk</em></th>
<th><em>Moderate Risk</em></th>
<th><em>Higher Risk</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50 hours worked</td>
<td>50 to 70 hours worked</td>
<td>More than 70 hours worked</td>
</tr>
<tr>
<td>No more than 10 consecutive hours in any one period</td>
<td>Up to 14 hours in any one period</td>
<td>14 or more consecutive hours worked at least twice</td>
</tr>
<tr>
<td>Scheduled shift hours worked</td>
<td>Scheduled shift plus part of next shift worked</td>
<td>A full shift cycle worked of at least 24 hours</td>
</tr>
<tr>
<td>Three or more short breaks taken during shift</td>
<td>One or two short breaks taken during shift</td>
<td>No short breaks taken during shift</td>
</tr>
<tr>
<td>Little or no overtime</td>
<td>More than 10 hours overtime</td>
<td>More than 20 hours overtime</td>
</tr>
<tr>
<td>Rostered for on-call duty less than 3 days in 7 days</td>
<td>Rostered for on-call duty 3 days or more in a 7-day period</td>
<td>Rostered on call continuously for more than a 7-day period</td>
</tr>
<tr>
<td>No night shift or extended hours into night shift</td>
<td>At least two night shifts or extended hours into night shift</td>
<td>At least 3 night shifts or extended hours into night shift</td>
</tr>
<tr>
<td>Minimum 10 hour breaks between work periods and two days free of work</td>
<td>Minimum 10 hour breaks between work periods and 1 day free of work</td>
<td>Less than minimum 10 hour break on at least two work periods and no full day free of work</td>
</tr>
<tr>
<td>Forward shift rotation and predictable cycle</td>
<td>Forward shift rotation but changed cycle</td>
<td>No stable direction or speed of rotation to be taken at night and no opportunity for one full night of sleep</td>
</tr>
<tr>
<td>No changes to roster without notice</td>
<td>Changes to roster through overtime and recalls worked</td>
<td>Roster changed so much because of overtime and recalls so as to be unpredictable</td>
</tr>
<tr>
<td>Maximum opportunity for sleep to be taken at night including two full nights of sleep</td>
<td>About two-thirds of sleep able to be taken at night including one full night of sleep</td>
<td>Less than half of sleep able to be taken at night in the 7 day period.</td>
</tr>
</tbody>
</table>