

Staff Specialist/Visiting Practitioner Appts(inc clinical academics)-Critical Actions Compliance Dec

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Functional Sub group Personnel/Workforce - Recruitment and selection
Personnel/Workforce - Conditions of employment

Summary Chief Executives must ensure that all items in the "Critical Actions Compliance Declaration" are completed and ticked, and signed as completed by the appropriately delegated officer, for all senior medical appointments, prior to any staff specialist or visiting practitioner being formally appointed to a Health Service.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, NSW Ambulance Service, Public Hospitals

Audience Appointment, credentials and recruitment Committees, workforce development, HR and recruitment staff

Distributed to Public Health System, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time.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

STAFF SPECIALIST AND VISITING PRACTITIONER APPOINTMENTS (INCLUDING CLINICAL ACADEMICS) CRITICAL ACTIONS COMPLIANCE DECLARATION

1.0 Purpose of this policy directive

The purpose of this policy directive is to provide an interim response to Recommendations 4, 5, 7 and 8 of the *First Report of the Special Commission of Inquiry 31 July 2008*, as they relate to the selection and appointment of staff specialists and visiting practitioners (including clinical academics).

Copies of the full Report are available at:
http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/pages/actsi_index

This policy directive, which includes the attached **Critical Actions Compliance Declaration** (the Declaration), does **not** take the place of existing Departmental senior medical appointments policies, which remain mandatory for Health Services. This policy directive clarifies, and builds on particular critical aspects of existing policy directives, and it will remain in place until these policies are reviewed, updated and replaced.

This policy directive outlines responsibilities for ensuring that particular critical actions are completed during the selection and appointment process and signed off as completed prior to commencement of work.

While a completed Declaration provides evidence of compliance with key requirements, it does not identify all relevant policy requirements, and must not be used, on its own, to map or drive the selection process.

2.0 Other related policies

This policy directive must be read and implemented in conjunction with:

- PD2005_496 Visiting Practitioner Appointments
- PD2005_500 Staff Specialist Appointments
- PD2005_497 Delineation of Clinical Privileges for Visiting Practitioners and Staff Specialists.

3.0 Policy requirements

Permanent appointments

In addition to relevant existing requirements in the above policy directives, **all sections** of the Declaration are to be completed and signed off, prior to the appointment of any staff specialist to a permanent position.

Initial appointment of visiting practitioners for a term longer than six months

In addition to relevant existing requirements in the above policy directives, **all sections** of the Declaration are to be completed and signed off, prior to the initial appointment of a visiting practitioner (including clinical academic) for a term longer than six months.

Title: Staff Specialist and Visiting Practitioner Appointments (including clinical academics) – Critical Actions Compliance Declaration

Temporary appointments (appointments over one week)

Current policy for the temporary appointment of staff specialists is outlined in section 7 of PD2005_500, and for visiting practitioners in section 8 of PD2005_496.

For any temporary appointment beyond one week ie that is not a permanent appointment of a staff specialist or an initial appointment of a visiting practitioner for longer than six months, all the checks specified in the above policy directives relating to temporary appointments must be conducted prior to the staff specialist or visiting practitioner commencing work.

Critical actions 1.1 to 1.12 in the Declaration must **also** be completed and section 1.0 signed by the Chief Executive or duly delegated officer with authority to approve such appointments.

Any interim clinical privileges granted as part of the appointment must be determined in consultation with a medical practitioner from the relevant specialty/sub-specialty, and must be verified at the next scheduled meeting of the Credentials (Clinical Privileges) Subcommittee. Critical action items 2.1 and 2.2 must be confirmed at the scheduled meeting and signed off by the Chair. (Provided sections 1.0 and 2.0 are completed, it is not necessary to complete the remainder of the Declaration.)

Other than the relevant criminal record check (see PD2008_029), initial checks are not required to be repeated for a future temporary appointment (beyond one week) of someone who has already undergone the checks as part of a previous temporary appointment, **unless** there has been a gap of three months or more since the prior appointment, or there is reason to suggest that any relevant circumstances of the individual have changed.

For all other appointments (ie appointments of one week or less), critical actions 1.1 to 1.5 in the Declaration must be completed, and section 1.0 of the Declaration signed by the Chief Executive or duly delegated officer with authority to approve such appointments.

**Title: Staff Specialist and Visiting Practitioner Appointments (including clinical academics) –
Critical Actions Compliance Declaration**

In an emergency situation, it may be possible to commence someone prior to completion of the criminal record check – see section 3.19 of policy directive *PD2008_029 Employment Screening*. If the reference check with a current employer is unable to be completed in an emergency situation prior to the shift commencing, and registration and identification have been verified, the matter should be escalated to the Chief Executive, who may approve the appointment. The reference check must still be completed as soon as possible, and the appropriateness of the appointment confirmed.

Where an appointment originally planned for one week only is subsequently extended beyond one week, all the actions required under the heading *Temporary appointments (appointments over one week)*, and the relevant sections of the Declaration, must be completed.

Re-appointment of Visiting Practitioners

Current policy for re-appointment of visiting practitioners is outlined in section 7 of PD2005_496. (NOTE: This process is currently under review). In the interim, the Declaration must be completed at the end of each re-appointment process, with the following proviso.

Where the Medical and Dental Appointments Advisory Committee (MDAAC) and/or any of its subcommittees considers that it is not necessary to repeat a particular critical action(s) during the re-appointment process, **and** the action is not currently required in PD2005_496, the corresponding box(es) should be left empty, the appropriate sign off completed, and a brief written record of the reasons for each omission retained with the completed Declaration.

In these circumstances, the resulting recommendation to the decision maker (Chief Executive or delegate) must identify any critical actions not completed and the reasons, and the decision maker is to consider this information prior to any approval to re-appoint.

*Title: Staff Specialist and Visiting Practitioner Appointments (including clinical academics) –
Critical Actions Compliance Declaration*

4.0 Reference checking

At least two referee checks must be conducted on the preferred applicant. Referee checks must be conducted in a structured manner, using a prepared set of questions (see Appendix 1). Verbal referee checks are preferred, with the responses to each question recorded in writing and maintained with the selection papers, along with full name of the referee, contact details, position and relationship to the applicant.

Written references are only to be accepted where:

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

Reference questions may then be emailed to the referee, with the advice that they need to be completed with appropriate detail, and be returned to the person responsible for the referee checks within an agreed time. Responses must be considered prior to any appointment offer, and must be retained in full with the selection papers.

5.0 Selection techniques training

It is current NSW Health policy that the chairperson of selection/interview committees must have attended selection techniques training. This requirement will be included in the updated senior appointments policy referred to in section 1.0 of this interim policy directive. Health Services must ensure that all potential convenors of interview subcommittees (or MDAAC where it conducts interviews) are provided with selection techniques training (if not already trained) in preparation for meeting this requirement.

In the interim, it is a requirement of this policy directive, that at least one representative of the Interview Subcommittee (or MDAAC if it conducts the interviews), must have attended selection techniques training.

6.0 Timing of completion of Declaration

When the Declaration is completed, or in what order, is a matter for each Health Service, provided that all relevant critical actions are completed, and each section is signed as completed, **prior to** the commencement of work.

*Title: Staff Specialist and Visiting Practitioner Appointments (including clinical academics) –
Critical Actions Compliance Declaration*

7.0 Responsibilities

Chief Executives

The Chief Executive must:

- Ensure that the requirements in this policy directive are communicated to all managers and staff advising on or taking part in the selection of staff specialists or visiting practitioners
- Ensure that any delegated authority to approve senior medical appointments is clearly defined in the relevant Delegations Manual, and is consistent with Health Service by-laws.

Directors of Workforce

The Director, Workforce must:

- Promote and support implementation of this policy directive
- Ensure provision of instruction, information and training as necessary to support effective implementation of this policy directive
- Monitor compliance with this policy directive.

Chairpersons of Selection Panels

The Chairperson of the Interview Subcommittee (where relevant) must:

- Ensure that the relevant critical actions have taken place, consistent with the requirements in this policy directive
- Complete the appropriate sign off confirming they have taken place, prior to commencement at work.

If MDAAC conducts the interviews, or the Chairperson of MDAAC is the chairperson of the Interview Subcommittee, Section 1 of the Declaration must also be completed by the Chairperson of MDAAC and the appropriate amendment made to the Declaration.

The Chairperson of the Credentials (Clinical Privileges) Subcommittee must:

- Ensure that the relevant critical actions have taken place, consistent with the requirements in this policy directive
- Complete the appropriate sign off confirming they have taken place, when proposing (or confirming for temporary appointments over one week) clinical privileges to be granted to each appointee.

Title: Staff Specialist and Visiting Practitioner Appointments (including clinical academics) – Critical Actions Compliance Declaration

Chairpersons of MDAAC

The Chairperson of MDAAC (or their delegate) must:

- Ensure that the relevant critical actions have taken place, consistent with the requirements in this policy directive
- Complete the appropriate sign off confirming relevant critical actions have taken place prior to commencement at work.

It is expected that the Chair of MDAAC will be available to sign off all appointments. Where the Chair nominates a delegate for the purpose of sign off, this delegation needs to be recorded in writing and noted in the relevant MDAAC meeting minutes.

Decision makers (Chief Executives or delegates)

The Decision maker must:

- Ensure that all relevant critical actions in the Declaration have been ticked and relevant sign offs completed, consistent with the requirements of this policy directive
- Complete the appropriate sign off if satisfied that the intent of this policy directive has been met
- Seek further information as deemed necessary, if not satisfied that the intent of this policy directive has been met.

8.0 Appendices

See **Appendix One: Reference Checks** for further information on conducting reference checks.

See **Appendix Two: Summary: Critical Actions Compliance Declaration Requirements** for a brief summary of key actions against each appointment type.

**Staff Specialist and Visiting Practitioner Appointments
(including clinical academics)
Critical Actions Compliance Declaration**

1.0 Chair, Interview Subcommittee (must confirm all critical actions)

OR

Delegated Authority to approve temporary appointments over one week (must confirm critical actions 1.1 to 1.12)

OR

Delegated Authority to approve temporary appointments one week or less (must confirm critical actions 1.1 to 1.5)

(please circle appropriate signatory)

I confirm that the following occurred prior to the commencement at work of:

(name of appointee)

to the position of

in (name of AHS).....

- 1.1 Identity of appointee was verified using the 100 Point Identification Check
- 1.2 Signed Prohibited Employment Declaration and consent to relevant criminal record check collected
- 1.3 Registration of appointee was verified directly with the NSW Medical/Dental Board
- 1.4 Evidence of medical indemnity cover sighted where appropriate (n/a if not relevant)
- 1.5 At least one reference check was conducted with appointee's current supervisor/manager **
- 1.6 Eligibility to practice as a specialist or general practitioner was verified (n/a if not specialist position)
- 1.7 Written details of all other existing medical appointments and employers, and a signed consent to conduct 'past performance checks' were collected
- 1.8 Original documentation, or original certified copy if not practicable, of any **additional** qualifications, memberships, certificates etc used to support claim for the position was sighted, copied and certified
- 1.9 At least 2 structured referee checks (one of which meets the requirement at 1.4), using specified questions were conducted on appointee, and identity of each referee and relationship to appointee was directly verified (see Appendix One)
- 1.10 Where verbal references were obtained, responses to the specified questions were recorded in writing
- 1.11 Where written references were obtained, identity and relationship to appointee was directly confirmed, and written responses addressed the specified questions (n/a if all references verbal)
- 1.12 Contact was made with the Health Care Complaints Commission and/or NSW Medical/Dental Board where further information was deemed necessary as part of the selection process (n/a if not necessary)
- 1.13 All members of the Interview Subcommittee had access to the entire written application and supporting documentation for each applicant under consideration
- 1.14 If the position to be filled was a specialist position, the Interview Subcommittee included a medical practitioner from the specialty/sub-specialty in which privileges were sought (n/a if not specialist position)
- 1.15 At least one member of the Interview Subcommittee has completed selection techniques training.

**** See PD2006_059 sections 5.6 'Confirm Information About Referees' and 5.8 'Conduct Referee Checks'. Where a current supervisor/manager was not able to be contacted, the applicant is only to be recommended if the subcommittee can verify the applicant's claim for the position through other referee checks and confirm the applicant as the most suitable for the position.**

(name) **(title)**

(signature) **(date)**/...../.....

**Staff Specialist and Visiting Practitioner Appointments
(including clinical academics)
Critical Actions Compliance Declaration (cont)**

2.0 Chair, Credentials (Clinical Privileges) Subcommittee

I confirm that the following occurred in determining that the attached clinical privileges be granted to the recommended applicant:

- 2.1** The Credentials (Clinical Privileges) Subcommittee membership included a medical practitioner from the specialty or sub-specialty in which privileges were determined in respect of specialist appointments
- 2.2** The Credentials (Clinical Privileges) Subcommittee considered all of the information provided, and was satisfied that the information was sufficient to recommend that the attached clinical privileges be granted.

(name) **(title)**

(signature) **(date)**/...../.....

3.0 Chair, Medical and Dental Appointments Advisory Committee (or Delegate)

I confirm that the following has occurred prior to the appointee's commencement at work:

- 3.1** All members of MDAAC had access to the entire written application and supporting documentation for each applicant under consideration
- 3.2** In recommending the attached appointment and associated clinical privileges, MDAAC considered the information and advice provided by its subcommittees, and is satisfied that the appointee underwent all necessary checks, and is a fit and proper person to be appointed to the position.

(name) **(title)**

(signature) **(date)**/...../.....

4.0 Decision maker (Chief Executive or Delegate):

I confirm that:

- **I had access to the entire written application and all supporting documentation for all applicants under consideration for the position**
- **I was provided with written advice from MDAAC that included a structured explanation of the decision making process leading to the recommended appointment and determination of clinical privileges.**

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

- **All appointment related checks (including any necessary criminal record checks**) were conducted**
- **The recommended applicant and proposed clinical privileges were determined in line with all key requirements of the relevant NSW Health policy relating to the appointment of staff specialists/visiting practitioners**
- **The recommended applicant is a fit and proper person to be appointed to the position.**

Decision maker:

(name)..... **(title)**.....

(signature) **(date)**/...../.....

**** Provisional commencement may occur in emergency circumstances - see NSW Health policy for employment screening.**

- **All boxes must be ticked and the appropriate signature blocks completed prior to the staff specialist or visiting practitioner commencing work in the Health Service.**
- **The completed document must be placed on the appointee's Personnel File, and a copy kept with appointment papers if they are retained separately.**

REFERENCE CHECKS	
	<ul style="list-style-type: none"> • <i>At least two reference checks are to be conducted prior to any recommendation to appoint (one reference check may suffice for appointments of one week or less)</i> • <i>At least one referee must be a current supervisor **</i> • <i>The identity of the referee, position title and relationship to the applicant is to be confirmed</i> • <i>Referees should be asked to confirm that they will provide an honest, accurate and complete response to each question</i> • <i>Referees are to be advised that the information they provide <u>may</u> form part of any feedback to the applicant</i> • <i>A copy of the selection criteria is to be provided to referees</i> • <i>A set of questions is to be prepared that includes (but is not limited to) the following:</i>
1.0	<i>How would you describe the applicant’s skills/experience/competence (as appropriate) in relation to each of the selection criteria?</i>
2.0	<i>Would you re-employ the applicant if the opportunity arose? Why/why not?</i>
3.0	<i>Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?</i>
4.0	<i>In light of the information provided about the position, is there anything else you think would be relevant for us to consider?</i>

****** [See PD2006_059](#) sections 5.6 ‘Confirm Information About Referees’ and 5.8 ‘Conduct Referee Checks’. Where a current supervisor/manager was not able to be contacted, the applicant is only to be recommended if the subcommittee can verify the applicant’s claim for the position through other referee checks and confirm the applicant as the most suitable for the position.

Summary: Critical Actions Compliance Declaration (CACD) Requirements

Appointment Type	Duration	CACD Requirements	Other <u>mandatory policies</u> **
Permanent appointment: <i>Staff specialists</i>	Permanent	<ul style="list-style-type: none"> All Sections 	PD2005_500 PD2005_497
Initial appointment: <i>Visiting practitioners</i>	> 6 months	<ul style="list-style-type: none"> All Sections 	PD2005_496 PD2005_497
Temporary appointment: <i>Staff specialists</i>	> 1 week up to 13 weeks	<ul style="list-style-type: none"> Critical actions 1.1 to 1.12 Appropriate sign off of Section 1.0 Critical actions 2.1 & 2.2 Appropriate sign off of Section 2.0 	Refer section 7 PD2005_500
Temporary appointment: <i>Visiting practitioners</i>	> 1 week up to 6 months	<ul style="list-style-type: none"> Critical actions 1.1 to 1.12 Appropriate sign off of Section 1.0 Critical actions 2.1 & 2.2 Appropriate sign off of Section 2.0 	Refer section 8 PD2005_496
Temporary appointment: <i>Staff specialists</i>	< 1 week ****	<ul style="list-style-type: none"> Critical actions 1.1 to 1.5 – <i>escalate if not possible prior to starting work</i> Appropriate sign off of section 1.0 	Refer section 7 PD2005_500
Temporary appointment: <i>Visiting practitioners</i>	< 1 week ****	<ul style="list-style-type: none"> Critical actions 1.1 to 1.5 - <i>escalate if not possible prior to starting work</i> Appropriate sign off of Section 1.0 	Refer section 8 PD2005_496
Re-appointment: <i>Visiting practitioners</i>	> 6 months	<p>All critical actions in Declaration except where:</p> <ul style="list-style-type: none"> Chair of MDAAC or subcommittees consider a critical action unnecessary and Written record of reason for <u>each</u> omission attached to Declaration and All sections signed off by appropriate person. 	PD2005_496 PD2005_497

** All other existing mandatory policy requirements must also be met

**** If appointment extended beyond one week, all requirements for temporary appointments over one week must be met.