

## 8 Workforce & Employment

### 8.1 Employment Powers and Functions

#### 8.1.1 The NSW Health Service

The NSW Health Service consists of those staff employed by the NSW Government in the service of the Crown, under Part 1 of Chapter 9 of the *Health Services Act 1997*. The NSW Government can employ staff to enable the Secretary, NSW Health and public health organisations to exercise their functions.

#### 8.1.2 Role of the Secretary, NSW Health

Under section 116 of the *Health Services Act 1997*, the Secretary, NSW Health exercises the employer functions of the Government in relation to the staff employed in the NSW Health Service. These functions can be delegated by the Secretary, NSW Health, under section 21 of the *Health Administration Act 1982*.

The Secretary, NSW Health approves:

- all non-standard contracts of employment / engagement; and
- statewide industrial matters.

As set out in the Combined Delegations Manual, the Secretary, NSW Health has nominated line managers (including chief executives) to conduct the performance review for non-chief health executives. The Secretary, NSW Health has delegated to the Board Chair of Local Health Districts the responsibility for conducting the performance review of its chief executive. Only the Secretary, NSW Health can remove a health executive from an executive position and terminate his/her employment contract. A board may recommend to the Secretary, NSW Health the removal of a chief executive of a local health district.

#### 8.1.3 Role of Chief Executives

The Combined Delegations Manual provides chief executives with general responsibilities to manage staff of the NSW Health Service within the local health districts and other public health organisations.

This delegation is subject to:

- compliance with all Policy Directives and Instructions;
- compliance with specific delegations relating to particular aspects of the employment function:
  - conditions for approval of voluntary redundancies; and
  - conditions for re-grading and/or re-classification of positions.
- the provisions of all industrial awards, agreements and determinations where they prescribe the criteria to be followed in the grading / classification of positions – and the views of grading committees where relevant;
- maintenance of a staff profile in accordance with any instructions issued by the Ministry for the relevant Division of the NSW Health Service;
- the involvement of the Secretary, NSW Health's nominee in the selection process where an appointment requires the approval of the Secretary, NSW Health;

Secretary, NSW Health has employer function of government under s116 of the Health Services Act

Combined Delegation Manual and compliance requirements

- compliance with the Ministry's policy regarding the right to private practice for salaried senior medical and dental practitioners; and
- prior written approval from the Deputy Secretary, NSW Health, Governance, Workforce & Corporate or Director, Workplace Relations in respect of the settlement of any employment or industrial dispute or termination of employment, of any member of the NSW Health Service which involves the payment of money or benefits over and above award or statutory conditions and entitlements.

Chief executives may authorise, in writing, the exercise of functions relating to managing staff to another person from within their Division of the NSW Health Service. However, only chief executives are authorised to:

- offer displaced staff members' voluntary redundancy or
- terminate staff of the NSW Health Service

These powers cannot be further delegated.

The chief executive's approval is required for the following functions:

- transferring health services employees between districts;
- re-grading and/or re-classifying positions; and
- developing a workforce strategy consistent with the NSW Health Professionals Workforce Plan 2012-22.

Health executives, including chief executives, cannot approve self-related matters under any of the Health Executive Service delegations (such as appointment to positions, salary rates and variations, approval of leave and acting in higher duties).

Other employment functions which must be approved by the Secretary, NSW Health include:

- determining any non-standard conditions for visiting practitioners; and
- determining any over-award payments or benefits.

## 8.2 Workforce Recruitment

The key NSW Health policy directives dealing with workforce recruitment are PD2012\_028 *Recruitment and Selection of Staff of the NSW Health Service* and PD2014\_001 *Appointment of Visiting Practitioners in the NSW Public Health System*. Other policy directives deal with more specific aspects of recruitment. The information contained in this section is a summary of those matters which are considered to be of particular importance to the board to assist with fulfilling its governance responsibilities.

### 8.2.1 Aboriginal Workforce Participation

There are currently two major Frameworks which guide NSW Health services in improving Aboriginal participation in the health workforce.

*PD2016\_053 NSW Health Aboriginal Workforce Strategic Framework 2016-2020*

Aboriginal employees currently make up 2.5% of the total NSW Health workforce. The NSW Government has set a target of 1.8% Aboriginal representation across all public service classifications.

## *PD2011\_069 Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health*

This State-wide Framework outlines the learning outcomes for Aboriginal Cultural Training across the sector. By providing appropriate Aboriginal cultural training, organisations will become more culturally safe, providing better health services and improved health outcomes to the Aboriginal community.

Health services staff must participate in the Respecting the Difference Aboriginal Cultural Training program comprised of eLearning and face to face elements. eLearning is available online for all staff members. Health services must also, in consultation with local Aboriginal services, develop and deliver local face-to-face Aboriginal health training packages and ensure these are delivered to all health staff.

### 8.2.2 **Recruitment of Medical Staff – Area of Need**

The Area of Need program was developed to assist the recruitment of suitably qualified International Medical Graduates (IMGs) to vacant medical positions approved by the NSW Ministry of Health as an Area of Need.

The program is a strategy to temporarily assist services and locations experiencing medical workforce shortages. Certified positions are valid for up to three years, over which time it is expected the IMG progresses toward general or specialist registration with the Medical Board of Australia.

Eligibility for an Area of Need position requires an employer – either local health districts or private facilities – to apply to the Ministry of Health and satisfy the following criteria:

- Labour Market Testing (LMT): applicants must provide documented evidence that genuine attempts have been made through advertising over a period of time to recruit to the position locally.
- Evidence of Need: Non-public health employers must show that the position either provides services that have District of Workforce Shortage (DWS) determination or is located in an area that has a DWS classification. All applicants must detail the impact on service delivery if the position is not filled, and demonstrate that alternative ways have been explored to address the shortage of medical services in their facility prior to applying for Area of Need status.
- Stakeholder consultation has been undertaken prior to applying for Area of Need status with:
  - the chief executive or nominated delegates of the public health organisation in which the facility is located, and
  - the relevant Specialty College, and
  - the relevant Medicare Local (for GP positions only).

When recruiting through the Area of Need program, local health districts should be diligent with respect to a number of matters, including but not limited to:

- confirmation of qualifications;
- verification that the applicant does not have a criminal history which would preclude employment;
- confirmation of competency in both written and verbal communication skills;
- provision of induction and ongoing support to the IMG towards obtaining specialist registration; and
- continuation of their efforts to permanently fill vacancies with Australian citizen/permanent resident medical practitioners holding specialist registration.

### 8.2.3 **Recruitment of Junior Medical Officers**

The annual recruitment campaign of approximately 3,500 Junior Medical Officers (JMOs) to positions in hospitals across NSW Health commences in July each year. JMOs are primarily doctors seeking positions in vocational training programs, but can also include non-vocational positions, career medical officers and clinical superintendents.

Recruitment is conducted online through an e-Recruitment system accessed through the JMO Recruitment webpage on the NSW Health website. The campaign is also supported and marketed through targeted media both nationally and internationally.

The e-Recruitment system is managed by the Ministry of Health and HealthShare NSW in accordance with PD2012\_028 *Recruitment and Selection of Staff of the NSW Health Service*. The loading of advertisements, co-ordination of interviews and processing of successful and unsuccessful applicants are managed by the Local Health District at an individual facility level, by training networks or statewide recruitment panels.

Outside of the annual recruitment campaign, *ad hoc* recruitment of JMOs is conducted online through the general e-Recruitment system (NSW Health eRecruit).

### 8.2.4 **Employment Arrangements for Medical Officers**

NSW Health policy directive PD2010\_074 *Medical Officers: Employment Arrangements* outlines the employment arrangements to be applied by public health organisations when engaging medical officers under the Public Hospital (Medical Officer) Award and to facilitate a consistent application of employment provisions by public health organisations when medical officers are required to rotate between facilities as part of their pre-vocational or vocational training program.

### 8.2.5 **Locum Medical Officers**

The NSW Health *Register of Medical Locum Agencies* contains details of Medical Locum Agencies that comply with NSW Health requirements. Public health organisations may only use Medical Locum Agencies listed on this Register.

The NSW Ministry of Health Policy Directive PD2012\_046 *Remuneration Rates for non-specialist medical staff – short term/casual (locum)* regulates the remuneration rates payable to medical staff engaged as employees on a short term or locum basis. The rates vary by location. Chief executives are able to approve above-cap rates, and reporting of such approvals is required by the Ministry.

These policies do 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).

## 8.2.6 Recruitment from Overseas

When engaging the services of a recruitment agency to carry out overseas recruitment of health professionals, employers must use a member of the Panel of Overseas Recruitment Agencies (PORA). The approved agencies on the PORA are available on the NSW Health website.

NSW Health Policy Directive PD2013\_041: *Recruitment of Overseas Health Professionals – Panel of Overseas Recruitment Agencies (PORA)* outlines the roles of the employer, the PORA and the NSW Ministry of Health in the process of overseas recruitment and implementation of the policy by those parties. The internet link to this policy directive is provided under 'Workforce & Employment – Resources & References' at the end of this section.

When recruiting from overseas, local health districts should be diligent with respect to a number of matters, including, but not limited to: confirmation of qualifications; verification that the applicant does not have a criminal history which would preclude employment; confirmation of competency in both written and verbal communication skills; provision of induction and ongoing support.

## 8.3 Workforce Development

### 8.3.1 The NSW Health Professionals Workforce Plan

The *NSW Health Professionals Workforce Plan 2012-2022* (HPWP) was released in September 2012. Its central tenets include effective workforce planning, support for local decision making and recognition of the value of generalist and specialist skills. These principles will provide the platform to realise the vision of right people, right skills, and right place. The implementation of the HPWP, combined with effective Local Health District initiatives and continued dialogue with all stakeholders, will lead to better regional health services and better local outcomes. The implementation of the HPWP is evaluated regularly.

### 8.3.2 Health Education and Training Institute (HETI)

The Health Education and Training Institute (HETI) was established in April 2012 and has a broad role to lead, develop, conduct, coordinate, support and evaluate clinical education and training programs across the NSW public health system. HETI works closely with LHDs, specialty health networks, other public health organisations and health education and training providers to ensure the development and delivery of health education and training across the system.

HETI is responsible for pre-vocational accreditation and also manages a broad range of programs including: the Financial Management Education Program; the Hospital Skills Program; Interdisciplinary Clinical Training Networks and ClinConnect. HETI is also one of the leaders of the implementation of the *Health Professionals Workforce Plan*.

### 8.3.3 Medical Training Networks

Medical Training Networks link rural and regional hospitals with metropolitan hospitals to encourage equity of access to high-quality care for patients and training for all trainees.

They also include specialist training programs. Training Networks cross local health district boundaries to ensure a complete and varied experience for trainees in different clinical contexts and hospital settings.

Training Networks currently operate for pre-vocational training, basic physician training, psychiatry, surgery, paediatrics, cardiology and emergency medicine. The specialty training networks are typically resourced by a part-time Network Director of Training (medical specialist) and a full-time Education Support Officer (Health Manager). Both these positions have accountability for all sites within the Training Network, which will span across local health district boundaries. Area Directors of Hospital Training and an Education Support Officers are funded to support training for non-specialist medical staff.

Local health districts are required to support the specialist training programs and networks.

#### 8.3.4 **Specialist Training Program**

The Specialist Training Program is a Commonwealth-funded program to expand specialist training positions outside major teaching hospitals. New positions in rural and regional public hospitals have been funded through the program, as well as community positions and positions in private hospitals.

Where the position is funded in a public hospital, a contract exists with the Specialist College administering the program for that particular speciality.

The Treasury Managed Fund does not provide insurance coverage for doctors while they are in the non-public hospital setting.

Local health districts are encouraged to seek funding opportunities through this program where appropriate to support growth in available NSW vocational training positions in specialities of workforce need.

#### 8.3.5 **Specialist Medical Training**

To be eligible for specialist registration, medical practitioners must have fellowship qualifications from an Australian Medical Council-accredited specialist medical college. While specialist medical colleges conduct examinations and determine the curriculum, the specialty training itself occurs in hospitals. To ensure quality training and uniformity of training across sites, medical colleges have developed training standards. Speciality training can only occur in those sites/hospitals that have been accredited by the relevant medical college as meeting the training standards. Public health organisations should maintain a record of the status of accreditation for speciality training, including positions accredited in each speciality.

It is recognised that specialist trainees do have a service role while they undertaking training, however, in considering whether to apply for accreditation or to expand the number of accredited positions at the facility, it is important to consider local as well as state and national workforce requirements. Where specialist workforce requirements are adequate at a state/national level, local service requirements may be met through other workforce such as Senior hospitalists or career medical officers or non-accredited registrar positions.

Employment arrangements by public health organisations for Medical Officers can be found in PD2010\_074 *Medical Officers: Employment Arrangements*.

#### 8.3.6 **Pre-vocational General Practice Placement Program**

The Pre-vocational General Practice Placement Program is a Commonwealth-funded program where a pre-vocational doctor rotates to a GP practice for a term.

These positions must be accredited by HETI.

The Treasury Managed Fund does not provide insurance coverage for doctors while they are in the non-public hospital setting.

Local health districts are encouraged to support access to the pre-vocational general practice placement program as a way of expanding training opportunities for interns and second post-graduate year doctors and providing them with valuable general practice experience.

### 8.3.7 Emergency Department Workforce Planning Process

The Emergency Department Workforce Analysis Tool (EDWAT) is a web-based application that provides a step-by-step guide for Emergency Departments to review their staffing profile in relation to skill mix and workforce planning guidelines. Completion of the tool will result in the identification of strategies to optimise existing staffing resources, as well as prioritising strategies for implementation to ensure alignment with recommended guidelines.

### 8.3.8 Internships

Completion of a medical internship is a requirement for a medical graduate to gain general medical registration. The Medical Board of Australia Registration Standard “Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training” sets out internship requirements.

At the 14 July 2006 Council of Australian Governments (COAG) meeting, states and territories agreed to guarantee intern training for Commonwealth Supported Places medical students. NSW has expanded this guarantee to include domestic full fee paying students of NSW universities.

Intern positions are accredited by the Health Education and Training Institute (HETI).

All Local Health Districts are required to increase and maintain the number of available intern positions in line with projected growth of medical graduates and to ensure that NSW continues to meet its COAG commitment.

### 8.3.9 International Medical Graduates

NSW Health policy directive PD2009\_011 *International Medical Graduates: Overseas Funded*, sets out the minimum requirements for the engagement of overseas funded international medical graduates in the NSW public health system, including assessment of competence, employment screening, checks, letters of offer, written agreements with the overseas funding body, supervision, and record keeping. It also provides guidance on indemnity and insurance, professional; registration and visa matters.

## 8.4 Local Health District – Training Responsibilities and Programs

Local health districts have a responsibility to:

- provide training and development opportunities for staff, including access to both mandatory (e.g. fire, Work Health and Safety, CPR [specified staff]) and other programs which will enhance staff skill level;
- assess individual staff competency and skill and, where identified, improve these through training and development opportunities;
- undertake training needs analysis and facilitate access to appropriate training programs;
- support staff undertaking educational initiatives;
- facilitate compliance with relevant NSW Health policy and award provisions (e.g. staff specialist training, education and study (TESL); and
- maintain training records.

## 8.5 Workforce Reporting

NSW Health regularly reports on the performance of the public health system in regards to its workforce. This is undertaken on a monthly, quarterly and annual basis. Reports are generated from the Health Information Exchange (HIE) which is a data warehouse repository with local instances and a State HIE.

Payroll and workforce demographic data is recorded weekly in local HIE instances with monthly transfers of data to the State HIE. The process of transfer to the State HIE creates workforce reporting on the monthly cost of staffing and the number of full-time equivalent employees (FTE) by staff grouping (e.g. medical, nursing, allied health) and other dimensions such as employment type. The HIE is configured to ensure that all payroll-related data and calculations of FTE are consistent and standard across the whole of the health system.

It is expected that this methodology will be replaced with a weekly reporting solution using the State Management Reporting Tool (SMRT) during 2014. From the data produced, reporting on particular issues can be generated such as sick leave and overtime, front line/back office ratios, performance reviews undertaken and use of premium labour. A copy of the information transferred to the State HIE is retained within each local HIE instance enabling local reporting requirements from the same data sets.

Routine reporting from the State HIE enables ongoing monitoring of performance and key performance indicators on monthly, year to date, previous period comparisons and trend indicators. This data also provides valuable information for workforce relations matters.

Three financial year to date reporting periods occur in September, February and June through the HIE which are then published by the Public Service Commission in the NSW Public Sector Workforce Profile. This data collection is a mandatory requirement of the Public Service Commission, and is used by both the Ministry and the Public Service Commission for workforce reporting and planning.

Information provided for the June collection also forms part of the NSW Public Sector Workforce Profile published by the Public Service Commission and tabled in parliament annually.

The Ministry of Health is required to report against a number of indicators in the NSW Health Annual Report. These include the number of FTE by staff grouping, the percentage of clinical staff as a proportion its total workforce, Aboriginal staff as a proportion its total workforce, equal employment opportunity and annual average sick leave per FTE.

Chief executives are required to confirm FTE numbers by staff groupings, as defined by the Ministry, including corporate service staff by functional group, at local health district level, for the Annual Report.

Workforce reporting  
requirements,  
performance  
monitoring  
and planning  
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## Workforce & Employment – Resources & References

### NSW Health policy directives relating to Personnel / Workforce – by functional group

Conditions:

[http://www.health.nsw.gov.au/policies/groups/pers\\_conditions.html](http://www.health.nsw.gov.au/policies/groups/pers_conditions.html)

– General employment conditions applicable to staff of the NSW Health Service.

Employment Screening:

[http://www.health.nsw.gov.au/policies/groups/pers\\_employscr.html](http://www.health.nsw.gov.au/policies/groups/pers_employscr.html)

Mandatory requirements and procedures for the undertaking of Employment Screening of preferred applicants seeking employment.

Industrial and Employee Relations:

[http://www.health.nsw.gov.au/policies/groups/pers\\_employrel.html](http://www.health.nsw.gov.au/policies/groups/pers_employrel.html)

Wage rates and conditions of employment in accordance with the relevant industrial Instrument

Learning and Development:

[http://www.health.nsw.gov.au/policies/groups/pers\\_learning.html](http://www.health.nsw.gov.au/policies/groups/pers_learning.html)

A framework of key components to develop local learning and development strategies.

Leave:

[http://www.health.nsw.gov.au/policies/groups/pers\\_leave.html](http://www.health.nsw.gov.au/policies/groups/pers_leave.html)

Rules associated with all the types of leave available.

Recruitment and Selection:

[http://www.health.nsw.gov.au/policies/groups/pers\\_recruitment.html](http://www.health.nsw.gov.au/policies/groups/pers_recruitment.html)

NSW Health policies on recruitment and selection, as well as a step-by-step guide for any staff in the NSW Health Service involved in recruitment and selection processes.

### Other NSW Health policy directives / guidelines / information bulletins relating to Personnel / Workforce

NSW Health Policy Directive, *Managing Excess Staff of the NSW Health Service* (PD2021\_021)

[http://www.health.nsw.gov.au/policies/pd/2012/PD2012\\_021.html](http://www.health.nsw.gov.au/policies/pd/2012/PD2012_021.html)

NSW Health Policy Directive, *Locum Medical Officers – Employment and Management* (PD2013\_022)

[http://www.health.nsw.gov.au/policies/pd/2013/PD2013\\_022.html](http://www.health.nsw.gov.au/policies/pd/2013/PD2013_022.html)

NSW Health Policy Directive, *Remuneration Rates for Non-Specialist Medical Staff – Short Term/Casual* (Locum) (PD2012\_046)

[http://www.health.nsw.gov.au/policies/pd/2012/PD2012\\_046.html](http://www.health.nsw.gov.au/policies/pd/2012/PD2012_046.html)

NSW Health Policy Directive, *Recruitment of Overseas Health Professionals – Panel of Overseas Recruitment Agencies (PORA)* (PD2013\_041)

[http://www.health.nsw.gov.au/policies/pd/2013/PD2013\\_041.html](http://www.health.nsw.gov.au/policies/pd/2013/PD2013_041.html)

NSW Health Guideline, *Allied Health Assistant Framework* (GL2013\_005)

[http://www.health.nsw.gov.au/policies/gl/2013/GL2013\\_005.html](http://www.health.nsw.gov.au/policies/gl/2013/GL2013_005.html)

NSW Health Policy Directive, *Engagement of Therapists on a Sessional Basis* (PD2013\_008)

[http://www.health.nsw.gov.au/policies/pd/2013/PD2013\\_008.html](http://www.health.nsw.gov.au/policies/pd/2013/PD2013_008.html)

NSW Health Policy Directive, *Aboriginal Workforce Strategic Framework 2016 - 2020* (PD2016\_053)

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016\\_053.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_053.pdf)

NSW Health Policy Directive, *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* (PD2011\_069)

[http://www.health.nsw.gov.au/policies/pd/2011/PD2011\\_069.html](http://www.health.nsw.gov.au/policies/pd/2011/PD2011_069.html)

NSW Health Information Bulletin, *Definition of an Aboriginal Health Worker* (IB2014\_001)

[http://www.health.nsw.gov.au/policies/ib/2014/IB2014\\_001.html](http://www.health.nsw.gov.au/policies/ib/2014/IB2014_001.html)

### **Other resources and references**

NSW Health Professionals Workforce Plan 2012-2022:

<http://www.health.nsw.gov.au/workforce/hpwp/pages/default.aspx>

NSW Health *Register of Medical Locum Agencies*:

<http://www.health.nsw.gov.au/aboutus/business/locums/index.asp>

NSW Health *Combined Delegations Manual*:

<http://www.health.nsw.gov.au/policies/manuals/Pages/combined-delegations.aspx>

Health Education and Training Institute: <http://www.heti.nsw.gov.au/>

### **Local Documentation**

Workforce strategic plans, including initiatives and support for learning and development

Aboriginal workforce plans

Needs analysis to identify priorities for staff learning and development

Training records

Selection, recruitment and employment records