

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/061

Name	Delegations in relation to management of the Junior Medical Workforce (Trainees) in Psychiatry
What it is	It is a business rule to ensure clarity in the roles and responsibilities of staff involved in the recruitment and/or ongoing management of the SESLHD Mental Health Service (MHS) Junior Medical Workforce.
Risk Rating	Medium Review Date January 2028
What it is not	It is not a comprehensive guide to the roles and responsibilities of staff in relation to the MHS Junior Medical Workforce.
Who it applies to	This business rule applies to all staff of the SESLHD MHS who are involved in the recruitment and/or ongoing management of Junior Medical Officers (JMOs).
What to do	1. Use of Recruitment Agencies a. Request for the approval for the use of short-term Locums to cover vacancies should be submitted by the relevant MHS Service Director to the SESLHD MHS Clinical Director and the MHS Medical Workforce Officer who will facilitate approvals from the Business Manager and General Manager. b. Where a recruitment agency is approved for use, the locum hourly rate and agency fee is allocated to the relevant site. c. In the instance of a locum registrar being employed by the SESLHD MHS as a Staff Specialist, an additional one-off payout fee to the recruitment agency is required. d. The MHS Medical Workforce Officer will liaise with the recruitment unit to undertake all relevant paperwork and ensure clearances are met. No contract as such is generated, however an agency agreement remains in place. 2. Term Allocations a. Only Network Training Committee (NTC) approved placements are to be included in the distributed allocation lists. b. Any uncertain or prospective appointments are to be clearly indicated. c. Major gaps in the workforce may necessitate reconsideration of term allocation by the Director of Psychiatry Training, in collaboration with the Network Training Committee and SESLHD MHS Director and Clinical Director. d. The NTC approved term allocation list must be formally authorised by the SESLHD MHS Clinical Director. 3. Conditions of Employment a. Conditions of employment can only be authorised by the Service Director and Clinical Director of the site of the Trainee's current rotation. An application for part-time employment/reduced hours should be submitted to the

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- relevant site's Service Director/Clinical Director, who is responsible for seeking the advice of the Director of Psychiatry Training in relation to any implications for training. Final authorisation rests with the Service Director/Clinical Director.
- b. Applications for reduced overtime/on-call participation can only be approved by the Service Director/Clinical Director of the site where the Trainee is currently working. A variation can be approved for a maximum of six months, or to the end of the relevant term (whichever is shorter) and then is subject to review. Such approvals are to be in consultation with the Director of Psychiatry Training, as The Royal Australian & New Zealand College of Psychiatrists (RANZCP) expects all trainees to participate in after-hours duties.
- c. Final authorisation for delayed commencement date and leave approvals rests with the Service Director/Clinical Director of the site where the Trainee is currently working. Where leave approval covers the next term and the site allocation is known at the time of submission of the request, the final sign-off resides with the Service Director/Clinical Directors of the impacted site.
- d. An application for a break in training, where there is no leave of absence from the workplace, requires approval from the Director of Psychiatry Training. An application for a break in training that includes a leave of absence from the workplace or a change in duties requires the authorisation of both the Director of Psychiatry Training and the Service Director/Clinical Directors (This excludes Workers Compensation cases, which are separately managed.)
- 4. Practitioners with Conditions on Registration
- a. Staff of the MHS are obliged to report to senior management if they become aware of the employment of a Trainee with conditions on his/her registration. Senior management is to advise the SESLHD MHS Clinical Director and SESLHD MHS General Manager
- b. The site Service Director/Clinical Directors is to clarify the following information with the Trainee and inform the SESLHD MHS Director at the earliest opportunity:
 - Their conditions of practice.
- c. The site Service Director/Clinical Director must ensure that:
 - Any conditions on registration for a Trainee are shared with the Trainee's Supervisor during their rotation; and
 - There is a mechanism for regular reporting to ensure that the employing site complies with reporting requirements to AHPRA/NSW Medical Council.
- d. Liaison with the Medical Council of NSW is to be conducted in accordance with relevant NSW Ministry of Health Policy Directives (see references below). The Medical Executive Director is the SESLHD Chief Executive's delegate in this regard.

Why the rule is necessary

This business rule is necessary to:

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	 Ensure an appropriate, transparent and fair balance in consideration of training and service issues regarding allocation of Trainees. Ensure that the financial and workforce management delegations of the organisation are clear, understood and applied consistently. Enable a timely approach to seek an alternative workforce when adequate numbers of Psychiatry Trainees are unavailable. Ensure compliance with legal and mandatory monitoring and reporting requirements for impaired Medical Officers.
Who is responsible	Responsible staff include the Director of Psychiatry Training,
	Service Directors, site Clinical Directors and other clinical and
	non-clinical MHS staff members involved in the recruitment
	and/or ongoing management of the MHS Junior Medical Workforce.
Ministry of Hoolth /	NSW Health
Ministry of Health / SESLHD reference	
SESCHO reference	PD2019 006 - Employment and management of Locum Medical Officers by NSW Public Health Organisations
	 PD2019 027 - Employment Arrangements for Medical
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Functional Group	 Officers in the NSW Public Health Service PD2023 024 Recruitment and Selection of Staff to the NSW Health Service Other National Standards for Mental Health Services 2010: Standard 8. Governance, Leadership and Management (8.7) NSQHS Standards Second Edition: Clinical Governance (1.19, 1.20, 1.25, 1.26) Mental Health
Functional Group Executive Sponsor	 Officers in the NSW Public Health Service PD2023 024 Recruitment and Selection of Staff to the NSW Health Service Other National Standards for Mental Health Services 2010: Standard 8. Governance, Leadership and Management (8.7) NSQHS Standards Second Edition: Clinical Governance (1.19, 1.20, 1.25, 1.26)

Version and Approval History

Date	Version Number	Author and approval notes
Aug 2014	1v1	Document reformatted/terminology updated by Victoria Civils-Wood, SESLHD MHS Senior Executive Officer. Sent to Andrew Pethebridge, SESLHD MHS Director of Psychiatry Training.
Sept-Oct 2014	1v1	Draft forwarded to Sam Harvey, Chair of Network Governance Committee. No comments received.
May 2015	1v1	Reforwarded to Andrew Pethebridge and Sam Harvey. Draft updated by Andrew Pethebridge.
July 2015	1v2	Document sent for review to SESLHD MHS District Document Development and Control Committee (DDDCC). Slight edits made following comments by DDDCC Chair and members.
August 2015	1v3	Endorsed by SESLHD MHS Clinical Council.
August 2018	2	Completed a minor review. Pending Major review. Endorsed by Executive Sponsor.
October 2018	3	Reviewed by: Andrew Pethebridge, Clinical Director Psychiatry Network Training and Peter Young, A/Clinical Director, SESLHD MHS.
November 2018	3	Endorsed by DDDCC; Language updated from Chief Psychiatrist to Clinical Director and included the use of NTC. Endorsed by SESLHD MHS Clinical Council.

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November 2018	3	Minor review. Processed by Executive Services prior to publication.
December 2021	4	Routine review commenced.
December 2021	4.1	Review by Director of Psychiatry Training Network. Feedback incorporated
December 2021	4.2	Reviewed by MHS Clinical Director and MHS Medical Workforce Officer. Feedback incorporated. Reviewed and endorsed by SESLHD MHS Document Development and Control Committee Endorsed Executive Sponsor.
16 January 2025	4.3	Routine review commenced. Links checked and updated. No further changes identified. Approved for publication by the General Manager and Executive Sponsor.

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