

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Allied Health
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POSITION RESPONSIBLE FOR THE DOCUMENT	Allied Health Workforce Consultant Claire.Douglas@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Allied Health
KEY TERMS	Allied Health, Honorary appointment
SUMMARY	This document outlines the Memorandum of Understanding process to be followed when engaging an allied health professional in an honorary capacity.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Policy content cannot be duplicated.

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. **POLICY STATEMENT**
2. **BACKGROUND**

South Eastern Sydney Local Health District (SESLHD) recognises the potential contribution to its services of Allied Health Professionals (AHP) who are not employed by SESLHD but are prepared to contribute to SESLHD in an honorary capacity. This may include but not be limited to AHP's employed by other agencies, universities or in private practice. It may also apply to allied health professionals employed by external agencies conducting research within SESLHD.

Applications for an honorary appointment may be made whenever an appropriate opportunity or need arises. Such positions will generally not be advertised. It is the responsibility of the Manager of the sponsoring service in which the honorary AHP will work, to sponsor an application for an honorary appointment.

3. **RESPONSIBILITIES**

The **sponsoring Manager** should discuss the proposed arrangement with the potential honorary AHP appointee and other relevant management personnel including the appropriate SESLHD Allied Health Discipline Advisor, General Manager or their delegate Service Director and the SESLHD Director, Allied Health.

The **sponsoring Manager** must document the role proposed for the honorary AHP, specifying details of what is and is not required, in the format of a Position Description. Responsibility for submitting the application and associated forms lies with the sponsoring manager requesting the appointment.

The **SESLHD Allied Health Grading Committee (AHGC)**, which encompasses the Psychology Credentialing Committee, is responsible for reviewing the application including the Memorandum of Understanding and making recommendations to the SESLHD Chief Executive via the Director Allied Health to either support or deny the honorary appointment.

The **SESLHD Chief Executive** completes the final approval of the Brief and the Memorandum of Understanding.

3. **PROCEDURE**

- 3.1 If it is determined that both the Honorary appointee and the sponsoring service wish to pursue an appointment, the sponsoring Manager will submit the proposed Position Description to the Allied Health Grading Committee for endorsement.
- 3.2 The Allied Health Workforce Consultant, as secretariat for the Allied Health Grading Committee, will return the Position Description with either endorsement or rejection to the sponsoring Manager.
- 3.3 Once the Position Description is endorsed by the AHGC, the potential appointee will prepare the following documents and submit these to the sponsoring Manager:
 - Application for Appointment (Appendix 1)
 - Cover letter

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- Curriculum Vitae highlighting training and experience and including the names and contact details of three referees
 - Certified copies of Qualification and, where relevant, registration (all originals to be sighted by sponsoring Manager)
 - Proof of Identification (100 points & originals to be sighted by sponsoring Manager)
 - Signed Criminal Record Check (CRC) as per [NSW Ministry of Health Policy Directive PD2019_003 Working with Children Checks and Other Police Checks](#)
 - Evidence of Indemnity and Insurance cover
 - Prohibited Employment Declaration forms
 - Details of Immunisation Status in accordance with [NSW Ministry of Health Policy Directive Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases PD2020_017](#) and [Public Health \(COVID-19 Vaccination of Health Care Workers\) Order \(No. 2\)](#)
- 3.4** The sponsoring Manager interviews the appointee. The relevant Allied Health Advisor, or a staff member delegated by the relevant Allied Health Advisor, must be on this interview panel.
- 3.5** The sponsoring Manager and Honorary Appointee negotiate a proposed commencement date. The Memorandum of Understanding (MOU) document (Appendix 2) is completed by the Honorary appointee and sponsoring Manager detailing the proposed operational schedule (Appendix 2A) (Sign off by the Chief Executive occurs at 3.8, when submitted with Brief).
- 3.6** The sponsoring Manager collates the application and submits all documents (from 3.1, 3.3, 3.4 & 3.5), to the SESLHD Allied Health Grading Committee for review.
- 3.7** The Allied Health Grading Committee reviews the application. The committee accepts or declines application.
- 3.8** The sponsoring Manager sends the proposed MOU with a covering brief through the following approval chain: Relevant General Manager/Service Director → SESLHD Director Allied Health → SESLHD Chief Executive.
- 3.9** If the SESLHD Chief Executive approves the proposed honorary appointment, the sponsoring Manager then forwards the signed mandatory 100 point identification, Employment Declaration and CRC forms to Workforce Services.
- 3.10** The Director Allied Health documents the details of the approved honorary appointment in a centralised spreadsheet and saves all requested documentation in secure personnel file.
- 3.11** Workforce Services advise the sponsoring Manager when the Honorary Appointee's Stafflink number has been created.
- 3.12** The sponsoring Manager is responsible for onboarding and ongoing monitoring of the role. The Service Manager advises the General Manager/Service Director that this process has been finalised.

4. TERMINATION

The appointment may be terminated by SESLHD for any substantiated instance of a breach by the Honorary Allied Health Appointee of NSW Ministry of Health Policy Directives, SESLHD Policies, Procedures and Guidelines, legislative provisions, statutory requirements or clinical ethics.

5. DOCUMENTATION

- **Memorandum of Understanding** (MOU) between SESLHD and the practitioner / organisation (Appendix 2)
- Proposed Operational Schedule (Appendix 2A)
- Application Form (Appendix 1)

6. AUDIT

The Director Allied Health or delegate to audit compliance with the MOU every 12 months or as required.

7. REFERENCES

[NSW Ministry of Health Policy Directive Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases PD2020_017](#)

[NSW Ministry of Health Policy Directive PD2019_003 Working with Children Checks and Other Police Checks](#)

Sydney Children’s Hospitals (Westmead) Draft Honorary Allied Health Practitioners MOU and flowchart

Hunter New England LHD Draft Honorary Appointment of Allied Health Practitioner’s Procedure

South Eastern Sydney LHD [SESLHDPR/247 Appointment of Honorary Research Associate](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2021	DRAFT	Converted from SESLHDPD/301 by Claire Douglas, Allied Health Workforce Consultant SESLHD
February 2022	DRAFT	Draft for Comment period. Approved by Executive Sponsor
March 2022	1	Approved by Executive Council.

APPENDIX 1

HONORARY ALLIED HEALTH PROFESSIONAL APPLICATION FOR APPOINTMENT FORM

APPLICANT'S DETAILS	
Name	Click or tap here to enter text.
Allied Health Profession	Click or tap here to enter text.
Organisation/Department	Click or tap here to enter text.
AHPRA registration or N/A	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.

APPLICATION DETAILS	
Honorary Role Title	Click or tap here to enter text.
In submitting this application form I affirm that:	
1. <input type="checkbox"/>	I understand that this appointment is for the purpose outlined in the Position Description and is only valid for the duration specified in the Memorandum of Understanding.
2. <input type="checkbox"/>	I have read and understood the NSW Ministry of Health Code of Conduct and agree to abide by the provisions set out in this Code in relation to my involvement in this department for the purposes of which I have been offered this appointment.
3. <input type="checkbox"/>	I understand that this Honorary appointment does not provide me with professional indemnity or workers compensation cover and I have professional indemnity insurance of \$20 000 000 as required by NSW Health.
4. <input type="checkbox"/>	I understand that I will have access to confidential data which will include the identity of, and personal and medical information on, individual persons.
5. <input type="checkbox"/>	I undertake to preserve the confidentiality of these data. I will not use identified or potentially identifiable data for any other purpose, or supply it to any third party, without the written consent of i. the individual to whom the data relates, ii. the Data Custodian and the approval of a properly constituted Ethics Committee.
6. <input type="checkbox"/>	I have been informed of, will make myself familiar with and agree to observe the Laws, Rules, Regulations, Policies and Procedures of the NSW Ministry of Health and the SESLHD relevant to my involvement in this department.
7. <input type="checkbox"/>	I agree to attend any mandatory training as required by SESLHD.
8. <input type="checkbox"/>	I understand that the SESLHD reserves the right to withdraw this offer of appointment if I fail to meet the above requirements.
9. <input type="checkbox"/>	In the event of my resignation or termination from my honorary status at SESLHD, I will return any hospital property provided to me (i.e. ID Badge, keys etc.).
Signature of applicant:	Date: Click or tap here to enter text.

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SESLHD SPONSORING MANAGER			
Name	Click or tap here to enter text.		
Department/Site	Click or tap here to enter text.		
Contact Details	Click or tap here to enter text.		
I have discussed the role with the applicant and agree to the role as Line Manager			
Signature of SESLHD Manager		Date	Click or tap here to enter text.

Confirmation of Support from SESLHD Allied Health Advisor			
Name	Click or tap here to enter text.		
Department/Site	Click or tap here to enter text.		
Contact Details	Click or tap here to enter text.		
I have reviewed this application and support this application.			
Signature		Date	Click or tap here to enter text.

Document Checklist	
<input type="checkbox"/>	Completed and signed Application Form (this document)
<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Curriculum Vitae (including contact details of three referees)
<input type="checkbox"/>	Certified Copy of Qualifications/Registrations – original sighted by hiring manager
<input type="checkbox"/>	Proof of Identification (100 points) – original sighted by hiring manager
<input type="checkbox"/>	Cleared Criminal Record Check
<input type="checkbox"/>	Working with Children Clearance (if required)
<input type="checkbox"/>	Details of Immunisation status (including COVID-19 Vaccination status)
<input type="checkbox"/>	Evidence of Indemnity and Insurance cover
<input type="checkbox"/>	Signed NSW Health Code of Conduct (PD2015_049)

APPENDIX 2**MEMORANDUM OF UNDERSTANDING**

between Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

(Honorary Allied Health Practitioner)

and

The South Eastern Sydney Local Health District

1. Preamble

- 1.1 South Eastern Sydney Local Health District (SESLHD) and the above named Allied Health Practitioner have agreed to collaborate in the provision of health and medical services as outlined in this Memorandum of Understanding (MOU).
- 1.2 This document is a Memorandum of Understanding and is not intended to create binding or legal obligations on either party. The specific details of any matter will be set forth in agreements supplemental to this Memorandum.

2. Purpose

- 2.1 The purpose of this MOU is to enable the Allied Health Practitioner to provide assistance to SESLHD in the provision of services and treatment to patients and their families. This MOU also includes joint collaboration in education and research projects and facilitate the exchange of knowledge, services and ideas in an atmosphere of friendship and co-operation that can be undertaken on the basis of equality, reciprocity and mutual benefit.

3. Form of Collaboration

- 3.1 Under this MOU both parties undertake to encourage, facilitate and promote co-operation in health services and other clinical, non clinical, educative and research issues of mutual benefit and interest through:
- 3.1.1 Collaboration in the treatment of patient(s) and their significant others consistent with the patient's plan of care.
 - 3.1.2 Joint research, study opportunities, use of facilities and training sites and collegial interaction between appropriate personnel where common interests and purpose exist;
 - 3.1.3 Joint organisation of meetings and conferences on subjects of mutual interest;
 - 3.1.4 The training of practitioners and/or students according to the agreed needs and capacity of the parties.
 - 3.1.5 Other forms of co-operation that may, from time to time, be mutually determined by the two parties.
- 3.2 The Operational Schedule for this MOU is outlined in Appendix 1.

4. SESLHD Responsibilities

- 4.1 SESLHD will initiate the collaboration with the Allied Health Practitioner in relation to the treatment of the patient(s) and their family.
- 4.2 SESLHD will provide the Allied Health Practitioner with information relevant to the patients' plan of care.
- 4.3 SESLHD will provide the Allied Health Practitioner with access to the facility and relevant medical records.
- 4.4 SESLHD will provide the Allied Health Practitioner copies of or access to all regulations, policies and procedures including, but not limited to:
- 4.4.1 emergency and safety standards and procedures;
 - 4.4.2 infection control;
 - 4.4.3 sexual harassment;
 - 4.4.4 dress standards;
 - 4.4.5 occupational health and safety standards;
 - 4.4.6 confidentiality;
 - 4.4.7 ethical standards required by SESLHD;

4.4.8 handling of medical records

4.4.9 NSW Health Code of Conduct

- 4.5 SESLHD will provide the relevant documentation to the Allied Health Practitioner in relation to the implementation of this MOU.
- 4.6 SESLHD will complete the relevant background checks in relation to the Allied Health Practitioner including identity, Working with Children, verification of qualifications and registration (where applicable), vaccination and others as may be determined from time to time by NSW Health.
- 4.7 SESLHD will provide access to SESLHD-mandated training courses.
- 4.8 SESLHD will collaborate with the Allied Health Practitioner in research and student supervision opportunities.

5. Practitioner Responsibilities

- 5.1 The Allied Health Practitioner will complete SESLHD documentation as instructed, including proof of identity, provision of original qualifications and evidence of professional registration where required. It is the Practitioner's responsibility to ensure that professional registration, where required, is maintained during the term of this MOU and provide evidence of this to SESLHD.
- 5.2 The Allied Health Practitioner will provide evidence of professional indemnity (medical negligence) insurance of \$20,000,000 consistent with NSW Health requirements, which may vary from time to time. It is the Practitioner's responsibility to ensure this insurance remains effective during the term of this MOU and provide evidence of this to SESLHD.
- 5.3 The Allied Health Practitioner will provide evidence of protection against infectious diseases and tuberculosis screening as per NSW Health requirements which may vary from time to time.
- 5.4 The Allied Health Practitioner will attend mandatory training as determined by SESLHD within the first three months (90 calendar days) of this MOU. This training may include Fire Safety, Child Protection and Hospital Orientation.
- 5.5 The Allied Health Practitioner will comply with NSW Health and SESLHD policies including the Code of Conduct and others as described above.
- 5.6 The Allied Health Practitioner will adhere to mutually agreed treatment goals aligned with the patient's plan of care.

- 5.7 The Allied Health Practitioner will work within their recognised field of expertise and work collaboratively with members of the multidisciplinary team.
- 5.8 The Allied Health Practitioner will be responsible for their own administrative costs including but not limited to stationery, parking fees, equipment and resources required to complete professional duties such as developmental tests, laptops, and mobile phones.
- 5.9 The Allied Health Practitioner will inform SESLHD immediately if there are involved in any professional disciplinary matters, legal proceedings or other related matters.

6. Financial Arrangements

- 6.1 There will be no exchange of monies between the Parties. Each Party will meet their own costs incurred in the implementation of this MOU.

7. Confidentiality and Protection of Intellectual Property

- 7.1 The exchange of information between the two Parties, whether in relation to clinical, non-clinical, management, research or education, provided by way of this MOU or subsequent specific agreement in relation to a particular project, will be subject to any conditions of confidentiality which the disclosing hospital wishes to impose, notwithstanding any other areas of co-operation that are already stated in or developed from the MOU.
- 7.2 Both Parties acknowledge and agree that under this MOU each Party retains all their intellectual property rights and will only be entitled to exercise the other Party's intellectual property rights on mutually agreed terms and conditions on a case by case basis and confirmed through a binding written agreement.
- 7.3 Intellectual property jointly developed will be jointly owned.

8. Non-exclusivity

- 8.1 Nothing in this MOU shall be construed as limiting the rights of either Party to affiliate or contract with any other institution while this MOU is in effect.

9. Notices

- 9.1 Any notices given herein must be in legible writing, in English shall and signed by its Authorised Officer as outlined below and must be served by either:
- 9.1.1 hand with signed receipt

9.1.2 courier

9.1.3 facsimile – which must be acknowledged as received and legible

9.1.4 email - which must be acknowledged as received and legible

9.1.5 registered or certified pre-paid mail addressed to the Authorised Officer of each Party

9.2 Authorised notices to Party A shall be addressed as follows:

Attention: _____

9.3 Authorised notices to SESLHD shall be addressed as follows:

District Executive Unit, Level 4, Sutherland Hospital

Locked Mail Bag 21

TAREN POINT NSW 2229 Australia

Attention: Director of Allied Health

Email: claire.oconnor@health.nsw.gov.au

9.4 Either Party may change the address to which communications are to be directed by giving written notice to either Party in the manner provided for herein.

10. Term of Memorandum

10.1 This Memorandum shall be effective as of the latter date signed below and shall continue in effect through [Click or tap to enter a date.](#)

10.2 This Memorandum may be terminated by either Party with or without cause and without any penalty, by the terminating Party upon giving the other Party thirty (30) calendar days notice in writing. Notices will be in accordance to Clause 9.

10.3 This Memorandum may be amended or varied from time to time provided that such amendment or variation is evidenced in writing and signed by the parties. Notices will be in accordance to Clause 9.

10.4 This Memorandum may be terminated immediately by SESLHD if SESLHD becomes aware of any serious allegations made against the practitioner such as deregistration, serious misconduct, criminal activity or other serious matters or as described in Clause 12

11. Dispute Resolution

- 11.1 If there is a dispute regarding service level, areas of responsibility or specific requirements, a meeting will be held with all relevant Parties to review available options and agree on which action to take. Disputes shall, as far as is possible, be satisfied by agreement between the Parties.
- 11.2 In cases where a dispute over the service or a request for change is unable to be resolved, the complainant shall request such a special meeting. They are required to document the process to date and explain the problem. This documentation must be forwarded to the Authorised Officer of the other Party at least 24 hours prior to the meeting. Minutes of the meeting will be recorded and signed off by all Parties.
- 11.3 In the event that the Parties cannot resolve the dispute, then the Parties agree that the MOU will be dissolved.
- 11.4 Each Party will be responsible for meeting their own costs in relation to any dispute resolution.

12. Pending Actions or Judgements Legal Proceedings

- 12.1 The Allied Health Practitioner must advise SESLHD whether they have had any judgements awarded against them or are awaiting judgements which may adversely affect their performance of the MOU.

EXECUTED by the parties as Memorandum of Understanding

Date: Click or tap to enter a date.

Date: Click or tap to enter a date.

Honorary Appointee:

[insert name]

[insert position]

[insert organisation name]

Chief Executive

South Eastern Sydney Local Health District

APPENDIX 2A: OPERATIONAL SCHEDULE**Objective of MOU**

(What is the objective or purpose of this MOU? What does SESLHD want the Allied Health Practitioner to deliver? Delete this instruction once completed.)

Discipline Covered

(To what profession does the Allied Health Practitioner belong to? Delete this instruction once completed.)

Area of Clinical Practice or Speciality

(What is the clinical practice or area of speciality that the Allied Health Practitioner will work in? Where will the Allied Health Practitioner be located? For example, will the Allied Health Practitioner be working in rehabilitation to support discharge of families where the patient has a spinal injury? Delete this instruction once completed.)

Services to be delivered

(What is the scope of practice? Delete this instruction once completed.)

Timetable of Services

(What is the time period/timetable for these services? How often will the Allied Health Practitioner be on campus? Delete this instruction once completed.)

Access to SESLHD Resources

(What resources will the Allied Health Practitioner have access to? It is highly recommended that the Allied Health Practitioner only has access to information that is immediately relevant to the services that they will be providing at SESLHD. If the circumstances warrant access to SESLHD Resources, the Director of Allied Health must review and authorise this request. Delete this instruction once completed.)

Names of SES LHD Contacts

(The primary contact at SESLHD is the Head of Department for the Allied Health Practitioner's profession. The secondary contact at SESLHD is the Head of the Clinical Unit where the Allied Health Practitioner will be providing the services. At least one primary contact at SESLHD must be identified. Delete this instruction once completed.)

APPENDIX 3

