

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Recruitment and appointment of senior medical and dental officers
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<b>EXECUTIVE SPONSOR</b>	Director, Clinical Governance and Medical Services
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<b>FUNCTIONAL GROUP(S)</b>	Senior Medical Officers
<b>KEY TERMS</b>	Recruitment, senior medical officers, visiting medical officer, appointment, clinical privileges, Medical and Dental Appointments Advisory Committee
<b>SUMMARY</b>	This procedure sets out the process for recruitment and appointment of senior medical and dental officers within SESLHD, in line with relevant legislation, and NSW Health and SESLHD policy.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## Recruitment and appointment of senior medical and dental officers

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### 1. POLICY STATEMENT

The purpose of this procedure is to ensure that recruitment and appointment of senior medical and dental officers are undertaken in line with NSW Health policies and guidelines, to meet mandatory standards in a timely manner.

### 2. BACKGROUND

This procedure outlines a revised process for recruitment and appointment of medical and dental officers in SESLHD, following a review of the previous process undertaken by the Director, Clinical Governance & Medical Services at the request of the Chief Executive.

This procedure is designed to improve the consistency and efficiency of recruitment and appointment of medical and dental officers. This procedure is supported by a suite of resources and templates to standardise and streamline the process across all SESLHD facilities.

### 3. DEFINITIONS

**Medical and Dental Appointments Advisory Committee (MDAAC):** This committee is required under the SESLHD By-Laws to provide advice to the Chief Executive on the appointment and clinical privileges of visiting practitioners, staff specialists or dentists.

**Selection Committee:** is the interview panel established to undertake a comparative merit based assessment of all applicants for the position, and to make recommendations regarding the preferred applicant(s) and any eligible applicants to the MDAAC.

### 4. RESPONSIBILITIES

#### 4.1 Heads of Department or Recruiting Managers will:

- Review or develop the position description for a position when a vacancy is identified.
- Ensure the interview and selection process is carried out in line with mandatory requirements and guidelines.

#### 4.2 Directors of Medical Services will:

- Review and approve Approval to Fill requests for their facility.
- Ensure the interview and selection process is carried out in line with mandatory requirements and guidelines.
- Sign off on Scope of Clinical Practice Recommendations Report and ensure that contemporary Credentialing standards are used for all Credentialing actions.

#### 4.3 Senior Medical Officer (SMO) Services will:

- Receive, review, track and facilitate Director, Clinical Governance & Medical Services approval of Approval to Fill for all facilities.
- Act as the central collection point for receipt of applications, and address missing or incomplete documentation from applicants.
- Provide advice on the use of the resources and templates available, as required.
- Monitor compliance with the use of the appropriate templates.
- Amend and update the resources and templates as required.
- Act as Secretariat to the MDAAC.

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- Process all appointments and changes to Scope of Clinical Practice, including all appointment letters.

#### 4.4 General Managers will:

- Approve FTE changes in accordance with District Delegations.
- Approve temporary appointments (< 3 months) in accordance with District Delegations.
- Approve advertisement of position (> 3 months).

#### 4.5 Director, Clinical Governance & Medical Services will:

- Provide advice as requested on the development of position descriptions, selection criteria and advertising strategy.
- Review Approval to Fill requests for suitability and completeness prior to advertising.
- Approve urgent temporary clinical privileges (< 3 months) and changes to clinical privileges in accordance with District Delegations.
- Authorise the payment of Managerial Allowances for Medical Heads of Department in accordance with District Delegations.
- Amend or adjust the process and procedure following feedback or as required.

## 5. PROCEDURE

### 5.1 Recruitment of Staff Specialist, Visiting Medical Officer, Visiting Dental Officer & Post Graduate Fellows

#### 5.1.1 Vacancy Identified – Approval to Fill (ATF)

- The facility or service identifies the need to create or fill a position. The type of appointment is determined based on the requirements of the role and department, as well as budgetary and workforce considerations.
- If the position is a new position, the position must be established in StaffLink and the appropriate approvals sought. (See Create a New Position in StaffLink form)
- Some temporary positions will contain the possibility of temporary extension beyond the initial period of appointment, such as appointments based on a temporary funding arrangement, or covering maternity leave or long service leave. If the possibility of a future extension exists, this should be identified and noted throughout and detailed in the advertisement.

#### 5.1.2 Position Preparation

- The position description, including selection criteria, is developed or reviewed. Template position descriptions are available.
- The text for the advertisement is included in the Position Template. This is checked and amended according to the needs of the position.
- If the possibility of future extension has been noted when the vacancy was identified, the initial advertisement **must** include text to the effect “This is a temporary position based on temporary funding/maternity leave cover/long service leave cover/etc. and may be extended in the future, without further advertisement or interview”  
If circumstances subsequently allow an extension (e.g. further funding, extension of leave), the successful candidate may be extended by request to MDAAC (see 5.3) but only where the position was advertised correctly initially. Should advertisement text not

include possibly of extension, the usual recruitment process, including advertisement and interview will need to be undertaken.

#### 5.1.3 Request to Advertise – Requisition (REQ)

- The completed position description and advertisement text is used to create a REQ which becomes the Advertisement. Individual facilities and services may establish their own approval processes, but as a minimum, all REQs must be approved by the facility Director of Medical Services (however named) and the General Manager (however named). For District services, the appropriate medical lead and Service Director should sign off as a minimum.
- The completed REQ is forwarded to SMO Services. The Director, Clinical Governance & Medical Services reviews the REQ to ensure the selection criteria and the role are consistent with the position description, and that the position description is of an acceptable standard.
- SMO Services may make minor adjustments to the REQ, however, where substantial changes are required the REQ will be returned to the author for amendment. SMO Services and the Director, Clinical Governance & Medical Services are available to provide advice on position descriptions, selection criteria and advertising strategy upon request.

#### 5.1.4 Advertising

- Once the REQ is approved, the position is advertised.
- The standard advertising period for senior medical appointments is two weeks; however longer or shorter advertising periods may be requested where appropriate.
- The standard advertising channel is on the NSW Health Jobs website; however additional channels may be requested for specific roles.
- Applications are received centrally by SMO Services and checked upon receipt for completeness. SMO Services will alert the facility of any missing or incomplete documentation from the applicants. (Noting that Identification Checklist and sighting of original ID needs to be completed at interview).
- Once the advertisement is closed, the applications and interview packs are sent to the facility Site Medical Administration or District service clinical lead, along with relevant instructions and templates.

#### 5.1.5 Review and Selection

- While the position is being advertised, a selection committee (interview panel) is determined and an interview date is set. The selection committee for the appointment will act as the Credentials Subcommittee for the purposes of that appointment.
- The selection committee, must consist of at least three members, with minimum requirements as follows:
  - The Facility Director of Medical Services or their nominee
  - At least two Medical Staff Council representatives (or two Senior Dentists, for Dentists positions)
  - A University representative (affiliated with the local health district for the purposes of training of medical practitioners or dentists)
  - The relevant Head of Department
  - A representative of the relevant medical specialty (if not the Head of Department).

- Whilst the composition of the selection committee allows for panel members to act in more than one of the above roles, it is not acceptable that panel members act in more than two roles.
- Heads of Department may elect to bring additional medical or non-medical staff to the interview if desired.
- The relevant Head of Department and Director of Medical Services should add an external or College representative where considered appropriate. Appropriate circumstances may include contentious appointments where the risk of appeal is high, or in small specialties where there is no local clinician of the specialty.
- Where external or College representatives are not sought, the Selection Committee must include an independent representative.
- District Services should use the facility selection committee based on the campus where the role is based. For community or non-campus based roles, the closest facility should host the interview and provide the core panel membership.
- Interview questions are determined. A set of standard interview questions is provided for guidance.
- The selection committee will conduct the culling and interview applicants. A recommendation is made to appoint the successful candidate(s) via the Selection Committee Report and the appropriate scope of clinical practice / clinical duties are to be determined. Where candidates are found eligible a Scope of Clinical Practice Recommendation Report is also be completed.
- Selection Committee Reports must be sufficiently detailed to allow for differentiation between candidates, and make it clear as to why the preferred candidate(s) are better than other applicants.
- Site Medical Administration will advise all culled and unsuccessful candidates of the outcome of the recruitment.
- For purposes of the appointment, the medical members of the selection committee will form the ad hoc membership of the Credentials Subcommittee of the MDAAC. All medical members of the selection committee must therefore sign off to confirm the scope of clinical practice detailed on the Scope of Clinical Practice Recommendation Report.
- For appointments across multiple facilities within SESLHD, the facility Director of Medical Services and General Manager from each facility must sign off on the requested Clinical Privileges.
- The Scope of Clinical Practice is determined using the framework provided by SMO Services. It is the facility's responsibility to ensure that any and all qualifications, licences and accreditations used in the recommending of the Scope of Clinical Practice are included in the paperwork returned to SMO Services.
- The convenor of the selection committee will sign the CACD.

#### 5.1.6 Processing of Appointment

- SMO Services receives the completed recruitment paperwork from the facility and check the documentation for completeness and clarity. The appointment is added to the agenda for consideration by at next District Medical and Dental Appointments Advisory Committee (MDAAC) meeting. Submissions that are incomplete or lacking in sufficient detail will not progress to the MDAAC agenda and will be returned to the facility for amendment prior to being resubmitted.

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- The District MDAAC will review and ratify the recommendations for appointment and clinical privileges, and make a recommendation to the Chief Executive on the appointment.
- SMO Services will issue the letter of appointment upon receipt of CE approval.

#### 5.2 Appointment of a candidate from an Eligibility List

- If a doctor is not recommended for appointment but deemed appointable at interview they can be placed on an Eligibility List. Such applicants should be listed on the Selection Committee Report under Applicants Recommended for Eligibility List. Candidates can be recruited to the role from an Eligibility List for a period up to 18 months from the date of interview.
- To appoint a candidate, at a later stage, using an Eligibility List, the request is submitted to the District MDAAC via the normal process of appointment. On the Scope of Clinical Practice Recommendation Report, in the interview date box the word 'E-list' along with the original interview date should be noted. The facility is to provide details outlining why there is a vacancy and opportunity to select an applicant from the e-list, as well as a copy of the original selection committee report.

#### 5.3 Extension of appointment period where the original advertisement included possibility of extension

- Some temporary positions contain the possibility of temporary extension beyond the initial period of appointment, such as appointments based on a temporary funding arrangement, or covering maternity leave or long service leave.
- The possibility of such temporary extension should be noted when the vacancy is initially identified (5.1.1) and must be mentioned as part of the advertisement (5.1.2).
- Where temporary funding is extended or a request for extension of maternity leave or long service leave has been approved, and the position was initially approved and advertised noting the possibility of extension, the appointment *may* be extended without further advertisement or interview.
- Temporary appointments are requested by completing the Appointment Request for Extension of MDAAC Appointment form, signed off by the facility Director of Medical Services and General Manager, and including a copy of the CACD and all relevant paperwork as specified on the form.
  - The CACD should be signed by the convener of the initial interview or the facility Director of Medical Services.
  - The Scope of Clinical Practice must be identical to the original appointment.
- Extension of appointment requests are sent directly to the District MDAAC for consideration and recommendation to the Chief Executive.
- SMO Services will issue the letter of appointment upon receipt of CE approval.
- Temporary positions cannot become permanent without re-advertising.

#### 5.4 Temporary appointments

- Temporary appointments can be made for up to 3 months under delegation.
- A temporary appointment can receive a single extension of up to 3 months under delegation.
- Director, Clinical Governance & Medical Services is the delegate for the approval of temporary appointments, including clinical privileges.

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- Temporary appointments are requested by completing the Form 1 signed off by the facility Director of Medical Services and General Manager, including a copy of the CACD and all relevant paperwork as specified on the form.
- Where Clinical Privileges are requested, the form must be signed by the facility Director of Medical Services, relevant Head of Department/Specialist Advisor (this can be another senior clinician from the relevant specialty where the change relates to the Head of the Department, or the Head of Department is not of the same specialty). Where the appointment is made to more than one facility, the form must be signed by **all** relevant facility Directors of Medical Services and General Managers.
- All qualifications, licences and accreditations used to support the recommended Clinical Privileges are to be included.

**5.5 Applications for changes to Scope of Clinical Practice**

- Applications are sent directly to the District MDAAC via Form 3 signed off by the facility Director of Medical Services and the relevant Head of Department/Specialist Advisor (this can be another senior clinician from the relevant specialty where the change relates to the Head of the Department, or the Head of Department is not of the same specialty). Should the request include an FTE component, the General Manager of the Facility should also sign off on the Form. Where the appointment is made to more than one facility, the form must be signed by all relevant facility Director of Medical Services. The facility Director of Medical Services and the Head of Department/Specialist Advisor will be made ad hoc members of the Credentials Subcommittee of the MDAAC for the purposes of the matter.
- It is not necessary to provide a CV, however, any qualifications, licences or accreditations used to support the change in Scope of Practice are to be provided.
- Urgent changes to Scope of Practice can be approved for *up to* 3 months by the Director, Clinical Governance & Medical Services under delegation via Form 3. All permanent, and non urgent, changes to Scope of Practice, must be submitted to the Credentials Subcommittee of the MDAAC be approved by the Chief Executive following recommendation by the District MDAAC.
- Urgent temporary changes to Scope of Practice are not to be extended, should a longer period be required, the request should be submitted to MDAAC
- The Applicant Doctor's acknowledgement of the request to change is required where the change is to remove a facility or privilege or is for a period over three months.

**5.6 Applications for FTE changes**

- FTE changes are requested by completing the Form 2 signed off by the facility Director of Medical Services and the General Manager, and requires Director, Clinical Governance & Medical Services approval on behalf of the Chief Executive. Changes to FTE do not require MDAAC approval under SESLHD delegations.

**5.7 Applications for Senior Staff Specialist or Senior Visiting Medical Officer**

- Applications are sent directly to the District MDAAC using the standard application template together with the requested supporting documentation.
- In certain circumstances, application may be made for Accelerated Progression to Senior Staff Specialist. Where the following eligibility criteria can be met, applications are sent directly to the District MDAAC using the accelerated application template together with the requested supporting documentation:

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- The Staff Specialist must have been at Staff Specialist Year 5 for a total of 2087 hours;
- The other criteria for Senior Staff Specialist must be met as per the Award and current practice;
- The Staff Specialist must demonstrate ongoing commitment to public sector practice;
- The Staff Specialist must be at least 0.5FTE.
- The Staff Specialist must be Level 1 and not in receipt of any special allowance;
- The Staff Specialist needs to have a specific subspecialty expertise that is of clinical importance to the service;
- There needs to be evidence of significant labour market shortage

#### 5.8 Appointment of Post Graduate Fellows

- Post Graduate Fellow appointments are treated the same as Staff Specialist or VMO appointments. That is, they must be advertised and interviewed by an appropriately convened selection committee.
- Appointments of Post Graduate Fellows may be extended without further appointment or interview annually up to a total of three years, in accordance with the Staff Specialist Award. Requests for extension should be requested by completing the Appointment Request for Extension of MDAAC Appointment form, with a copy of a recent performance review signed off by the site Director Medical Services.

#### 5.9 Appointment of Honorary Medical Officers

- Honorary Medical Officers are appointed under an 'honorary' service contract to provide services "for or on behalf of a public health organisation". It is therefore not appropriate to appoint an Honorary Medical Officer for the purposes of conducting private practice.
- Honorary Medical Officers may be appointed where there is demonstrated benefit to the Public Health Organisation.
- Honorary Medical Officer appointments do not require advertising or interview.
- Applications for Honorary Medical Officers are sent to the District MDAAC with the Appointment Request for HMO form and the completed and signed CACD.
- All documentation required for appointment under the CACD is to be provided with the Request form, in addition to any qualifications, licences or accreditations used to support the requested Clinical Privileges.

#### 5.10 Appointment of Honorary Medical Officers in Training (HMO in Training)

- HMOs in Training are appointed to work under supervision at the level of a Registrar, but are still managed by SMO Services and reviewed by the MDAAC. They cannot be granted Clinical Duties.
- Applications for HMO in Training are sent to the District MDAAC using the Appointment Request for HMO in Training form, accompanied by a completed and signed CACD.
- All documentation required for appointment under the CACD is to be provided with the application.

#### 5.11 Appointment of Clinical Academics

- Clinical Academics are appointed jointly by the relevant University and SESLHD.
- Before seeking to recruit to any Clinical Academic position (either new or the recruitment to a vacancy) a brief seeking permission to recruit should be approved by



the SESLHD Chief Executive. This should occur before any recruitment action has been undertaken by the University.

- Clinical Academic appointments are normally managed by the University, however, appropriate SESLHD representation must be present on the interview panel (a senior clinician from the relevant specialty and the facility Director of Medical Services or senior medical lead for District Services as a minimum).
- Requests for Clinical Academic appointments are sent to the District MDAAC using the Appointment request for Clinical Academic form, authorised as indicated at the foot of the form, and accompanied by a completed and signed CACD. All documentation required for appointment under the CACD and to support the requested clinical privileges is to be provided with the Request form. A copy of the Chief Executive approval, University letter of appointment, University interview report and a SESLHD position description are also required. References must address a clinical role as a Senior Medical Practitioner so separate SESLHD references may be required.
- The application for appointment, no longer than the duration of the University appointment, will be considered by the District MDAAC for recommendation to the Chief Executive.

#### 5.12 Appointment of Visiting Practitioners

- Visiting Practitioners appointments apply to staff specialists who as part of their employment, are required to provide services across more than one Public Health Organisation (PHO).
- An appointment as a visiting practitioner at the receiving PHO under [NSW Health Policy Directive PD2016\\_026 - Staff Specialist Employment Arrangements across more than one Public Health Organisation](#) is conditional on the person being employed as a staff specialist at the parent PHO and being required, either actually or potentially, to provide services as a staff specialist at the receiving PHO. It is to be terminated when these conditions do not apply.
- Visiting Practitioner appointments apply when there is an outreach arrangement between PHOs or there are joint on call rosters at facilities, operated by different PHOs, which are co-located or in close proximity to each other.
- The employment relationship with the staff specialist is managed by the parent PHO. The services provided at the receiving PHO are provided in the course of the staff specialist's employment that is managed by the parent PHO. The parent PHO manages all aspects of the employment, such as payroll and leave. However day to day management may be delegated to the receiving PHO including such matters as leave approval.
- Applications for Visiting Practitioners are sent to the receiving PHO MDAAC with the Appointment Request for Visiting Practitioner form and the required paperwork.
- Visiting practitioner offers are issued by the parent PHO following the credentialing having been completed by the receiving PHO.
- This arrangement does not apply to Staff Specialist pathologists who request a Visiting Practitioner appointment via the NSW Health Pathology MDAAC, where SESLHD issues the VP contract as the receiving PHO.

#### 5.13 Appointment of Heads of Department and other Senior Clinical Leadership roles

- Heads of Department and other Senior Clinical Leadership roles (such as Service Medical Directors, or Program Directors) are normally appointed via internal processes. However, can be advertised externally alongside a clinical position.
- These appointments should be time limited (generally for a period of 3 years).
- An EOI should be published to all relevant medical staff groups setting out the requirements of the role, including the estimated time commitments, duties and selection criteria.
- Applications for these positions are managed via facility or District Service staff in the first instance.
- All new vacancies need to be interviewed to assess the candidate's suitability for the position, regardless of the number of candidates.
- When an existing appointment ceases, an EOI should be circulated as per above. If there is only one applicant and that person is the incumbent (has been recruited via proper process previously), the applicant may be reappointed without interview provided satisfactory annual performance reviews have been undertaken. The Facility may elect to submit a recent performance review in lieu of reference checks.
- A selection committee suitable to the needs of the role should be convened, separate to the standard site selection committee used for the appointment of new Senior Medical Practitioners. As there is normally no need to grant separate Clinical Privileges, there is no requirement that a clinician from the same specialty participates in the interview process. Where Clinical Privileges are being requested, they will need to be submitted via a Form 3 for consideration by the MDAAC (See item 5.5)
- The standard SESLHD interview question bank has questions that are suitable for use for these appointments, however, they are not mandatory.
- Following completion of the interview process and reference checking, a copy of the following documents is forwarded to SMO Services:
  - A copy of the EOI and Position Description
  - The application of the preferred candidate
  - A copy of the Interview report / evidence of interview
  - Two references (referees suitable to the requirements of the role) or a recent performance review conducted by the current supervisor
  - A completed Form 2 requesting payment of the Managerial Allowance (Staff Specialist) or Sessional Hours if applicable (VMO)
- The Director, Clinical Governance & Medical Services is the delegate for determining payment of any Managerial Allowance in accordance with the provisions of the Staff Specialist Award.
- Temporary appointments for short term coverage of Head of Department / Senior Clinical Leadership can be requested where appropriate. The Facility should complete the Form 2 and submit along with a copy of the position description and recent performance review or 2 x reference checks. The Doctor will be appointed as acting in the position and not considered the incumbent for future recruitment to the role.
- Applications for Heads of Department and other Senior Clinical Leadership positions are not sent to District MDAAC.

#### 5.14 Appointments Involving NSW Health Pathology

- NSW Health Pathology (NSWHP) holds its own MDAAC since 1 September 2019.

- The NSWHP MDAAC is only able to appoint Staff Specialists, Clinical Academics and Postgraduate Fellows. Appointment of VMOs and HMOs will continue to be considered and endorsed by the District MDAAC.
- New appointments, or changes to existing appointments, which involve pathology specialties should be coordinated with NSWHP from the beginning of the process. NSWHP will not consider pathology appointments and credentialing in retrospect. If they have not been involved from the start, this may result in a break in laboratory privileges.

#### 5.14.1 Dual-Specialty appointments

- Dual-specialty refers to medical or dental practitioners who are qualified as specialists in a physician and a pathology specialty. This includes practitioners who have obtained a FRCPA and FRACP in the following specialties:

Pathology Specialty (FRCPA)	Physician Specialty (FRACP)
Laboratory Haematology	Clinical Haematology
Laboratory Immunology	Clinical Immunology
Microbiology	Infectious Diseases
Chemical Pathology	Endocrinology
Genetic Pathology	Clinical Genetics

- Where a dual-specialty vacancy is identified, NSWHP and the District will determine the “host agency” responsible for managing the employment arrangements of the successful incumbent.
- Once the Scope of Clinical Practice has been delineated for the appointee, the “host agency” will prepare the relevant submission paperwork and submit to the other agency.
- Letters of appointments will be issued for the position only once the appointment has been appropriately endorsed by both agencies.

#### 5.14.2 Recruitment of Dual-Specialty Practitioners

- When SESLHD is the host agency, the process in 5.1 applies, with the following alterations:
  - **5.1.5 Review and Selection.** The selection committee will also include a NSWHP Medical Staff Council representative and a representative of the relevant pathology specialty.
  - **5.1.6 Processing of Appointment.** Upon receipt of approval by chair of the District Credentials Subcommittee, SMO Services will also submit the recruitment paperwork to NSWHP MDAAC.
- When NSWHP is the host agency, it will conduct the recruitment process with appropriate contact with the District:
  - The selection committee will include a facility Medical Staff Council representative and a representative of the relevant clinical specialty (if not already represented in the NSWHP committee membership).

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- Once the NSWHP Credentials Subcommittee has determined the Scope of Clinical Practice of the preferred applicant/s, NSWHP will prepare the relevant submission paperwork and submit to SMO Services.
- Preferred applicant/s will be submitted by SMO Services to the District MDAAC for appointment as Visiting Practitioner.

#### 5.14.3 Temporary Appointment of Dual-Specialty Practitioners

- When SESLHD is the host agency, the process in 5.4 applies, with the following alterations:
  - Prior to commencing the appointment process, liaise with NSWHP to confirm the joint appointment.
  - Specialist advisor consulted for credentialing should be a dual-specialty practitioner with NSWHP and SESLHD.
  - When Scope of Clinical Practice is approved by the District, SMO Services will submit a copy of the Form 1 and accompanying paperwork to NSWHP.

## 6. DOCUMENTATION

The following resources and standardised templates have been developed to support implementation of this procedure:

- Scope of Clinical Practice Recommendation Report
- SMO Interview Question Template
- Selection Committee Report
- Senior Medical Appointment Referee Report
- Appointment Request for Clinical Academic
- Appointment Request for Honorary Medical Officer
- Appointment Request for Honorary Medical Officer in Training
- Appointment Request for Visiting Practitioner
- Appointment Request for Extension of MDAAC Appointment
- Form 1
- Form 2
- Form 3
- Application for Elevation to Senior Staff Specialist
- Application for Elevation to Senior Visiting Medical Officer
- Staff Specialist Year 5 - Application for Accelerated Elevation to Senior

Please refer to the instruction sheet provided with selected forms for more information on how to use the form.

## 7. AUDIT

The procedure will be monitored via the MDAAC.

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### 8. REFERENCES

- [NSW Health Policy Directive PD2023\\_024 - Recruitment and Selection of Staff to the NSW Health Service](#)
- [NSW Health Policy Directive PD2019\\_027 - Employment Arrangements for Medical Officers in the NSW Public Health Service](#)
- [NSW Health Policy Directive PD2016\\_052 - Visiting Practitioner Appointments in the NSW Public Health System](#)
- [NSW Health Policy Directive PD2019\\_056 - Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists](#)
- [NSW Health Policy Directive PD2016\\_026 - Staff Specialist Employment Arrangements across more than one Public Health Organisation](#)
- [SESLHD By-laws](#)

### 9. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and Approval
November 2017	1	Dr Jo Karnaghan , District Director Medical Services, major review of PD 227, converted to SESLHD Procedure
January 2018	2	Dr Jo Karnaghan , District Director Medical Services
June 2018	3	Dr Jo Karnaghan, District Director Medical Services
July 2018	3	Draft for Comment
August 2018	3	To Clinical and Quality Council for endorsement
October 2019	4	Mrs Julie Mellor, Acting Manager, Senior Medical Officer Services
May 2020	5	Mrs Julie Mellor, A/Manager, Senior Medical Officer Services
June 2020	5	Minor Review, approved by Dr Jo Karnaghan, Director Clinical Governance and Medical Services
July 2020	6	Mrs Julie Mellor, A/Manager, Senior Medical Officer Services
July 2020	6	Minor Review, approved by Dr Jo Karnaghan, Director Clinical Governance and Medical Services
July 2021	7	Minor Review. Introduction of Form 3, updated Form 1, included eList candidates and NSW Health Pathology.
August 2021	7	Approved by Executive Sponsor
28 October 2024	7.1	Section 5.11 – Appointment of Clinical Academics wording has been updated to include Chief Executive approval and links have been updated. Removal of dot point in section 5.10 as the IMG readiness program is not relevant for the HMO's SESLHD gets.
31 January 2025	8.0	Major review: additional information, changes and clarification throughout. Approved at SESLHD Patient Safety and Quality Committee and by Chief Executive.