

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Recruitment, senior medical officers, visiting medical officer, appointment, clinical privileges, Medical and Dental Appointments Advisory Committee
SUMMARY	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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Procedure for recruitment and appointment of senior medical and dental officers

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 Clinical 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.

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- Amend and update the resources and templates as required.
- Act as Secretariat to the MDAAC.
- Process all appointments and changes to Scope of Clinical Practice, including all appointment letters.

4.4 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 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.

4.5 Executive Director, Operations will:

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

5. PROCEDURE**5.1 Recruitment of New or Existing 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)

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.

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.

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- 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 advertising periods may be requested.
- 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. Any missing or incomplete documentation are sought from the applicants. (Noting that Identification Checklist and sighting of original ID needs to be completed at interview).
- Once the advertisement is closed and the applications are complete, the applications and interview packs are sent to the facility Site Medical Admin or District service clinical lead.

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 minimum requirements for a selection committee are as follows:
 - The Facility Director of Medical Services or their nominee
 - At least two Medical Staff Council representatives
 - A University representative
 - 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 available.

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- 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 on the Scope of Clinical Practice and Clinical Duties to be undertaken. Where candidates are found eligible a Scope of Clinical Practice Recommendation Report should 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 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. The paperwork is checked for completeness and clarity, and the appointment is added to the agenda for the next District Medical and Dental Appointments Advisory Committee (MDAAC). Selection Committee reports and Scope of Clinical Practice forms that are incomplete or lacking in sufficient detail will be returned.
- 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 Temporary Appointments

- Temporary appointments can be made for up to 3 months under delegation.
- The Executive Director, Operations is the delegate for the approval of temporary appointments.
- Director, Clinical Governance & Medical Services is the delegate for the approval of clinical privileges for temporary appointments.
- Temporary appointments are requested by completing the Form 1 signed off by the facility Director of Medical Services and 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 and relevant Head of Department. Where the appointment is made to more than one facility, **all** relevant facility Director of Medical Services must sign the form.
- All qualifications, licences and accreditations used to support the recommended



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Clinical Privileges should be included.

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5.3 Applications for Changes to Scope of Clinical Practice

- Applications are sent directly to the District MDAAC via Form 1 signed off by the facility Director of Medical Services and the relevant Head of Department (or another senior clinician from the relevant specialty if 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 relevant facility Director of Medical Services must sign the form. The facility Director of Medical Services and the Head of Department 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 should 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. All permanent changes to Scope of Practice must be approved by the Chief Executive following recommendation by the District MDAAC.

5.4 Applications for FTE Changes

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

5.5 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.

5.6 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 via Memo, with a copy of a recent performance review signed off by the site Director Clinical Services.

5.7 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 a 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.

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5.8 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.
- 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.
- HMOs in Training who are International Medical Graduates must be interviewed in accordance with [NSW Health PD2009_011 International Medical Graduates – Overseas Funded](#). Details of who conducted the interview are to be provided on the Appointment Request Form.

5.9 Appointment of Clinical Academics

- Clinical Academics are appointed conjointly by the relevant University and SESLHD.
- 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 University letter of appointment, University interview report and a SESLHD position description are also 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.

5.10 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 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.

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- Applications for Visiting Practitioners are sent to the District MDAAC with the Appointment Request for Visiting Practitioner form and the required paperwork.
- This applies to Staff Specialist pathologists who request a Visiting Practitioner appointment via the NSW Health Pathology MDAAC.

5.11 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.
- 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, the applicant may be reappointed without interview provided satisfactory annual performance reviews have been undertaken. Paperwork including two current references (referees suitable to the requirements of the role - one from a current supervisor) and recent performance reviews should be submitted with the application via a Form 2.
- 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.
- 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
 - Two references (referees suitable to the requirements of the role)
 - A completed Form 2 requesting payment of the Managerial Allowance (Staff Specialist) or Sessional Hours if applicable (VMO)
 - Dates of the appointment.
- 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.
- Applications for Heads of Department and other Senior Clinical Leadership positions are not sent to District MDAAC.
- SMO Services will send out letters of appointment once all documentation has been received.

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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 HMO
- Appointment Request for HMO in Training
- Appointment Request for Visiting Practitioner
- Form 1
- Form 2
- Application for Elevation to Senior Staff Specialist
- Application for Elevation to Senior Visiting Medical Officer

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

6. AUDIT

Not required

7. REFERENCES

- [NSW Health PD2017_040 Recruitment and Selection of Staff to the NSW Health Service](#)
- [NSW Health PD2019_027 Employment Arrangements for Medical Officers in the NSW Public Health Service](#)
- [NSW Health PD2016_052 Visiting Practitioner Appointments in the NSW Public Health System](#)
- [NSW Health PD2019_056 Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists](#)
- [NSW Health PD2009_011 International Medical Graduates – Overseas Funded](#)
- [NSW Health PD2016_026 Staff Specialist Employment Arrangements across more than one Public Health Organisation](#)
- SESLHD Model By-Laws

8. REVISION AND APPROVAL HISTORY

Date	Revision 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