<table>
<thead>
<tr>
<th>NAME OF DOCUMENT</th>
<th>Appointment and credentialing - Senior Medical and Dental Practitioners - Delineation of Scope of Clinical Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF DOCUMENT</td>
<td>Policy</td>
</tr>
<tr>
<td>DOCUMENT NUMBER</td>
<td>SESLHDPD/289</td>
</tr>
<tr>
<td>DATE OF PUBLICATION</td>
<td>November 2015</td>
</tr>
<tr>
<td>RISK RATING</td>
<td>High</td>
</tr>
<tr>
<td>LEVEL OF EVIDENCE</td>
<td>National Safety and Quality Health Service Standard 1: Governance for Safety and Quality in Health Services Organisations; EQuIPNational Standard 13: Workforce Planning and Management</td>
</tr>
<tr>
<td>REVIEW DATE</td>
<td>November 2017</td>
</tr>
<tr>
<td>FORMER REFERENCE(S)</td>
<td>SESIAHS Policy Directive PD 117</td>
</tr>
</tbody>
</table>
| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Dr James Mackie, Medical Executive Director  
James.Mackie@sesiahs.health.nsw.gov.au |
| AUTHOR           | Dr Martin Mackertich, Director Clinical Services, St George Hospital  
Martin.Mackertich@sesiahs.health.nsw.gov.au |
| POSITION RESPONSIBLE FOR THE DOCUMENT | District Director Medical Services, SESLHD |
| KEY TERMS        | Appointment, credentialing, delineation of scope of clinical practice; Senior Medical Officers; Senior Dental Officers; Senior Medical and Dental Officer Appointment Advisory Committee (MDAAC); Credentials (Clinical Privileges) Subcommittee; Site Interview and Credentials MDAAC Subcommittee |
| SUMMARY          | To ensure the appointment processes and delineation of scope of clinical practice (SoCP) for each senior practitioner within SESLHD complies with all relevant NSW legislation, NSW Health Policy Directives, SESLHD Policy and By-Laws, and to ensure that clinicians, managers and patients may be confident that those employed within SESLHD meet the criteria for employment and are granted appropriate SoCP. |
1. POLICY STATEMENT

This policy has been developed to ensure there is a consistent, District-wide approach governing the appointment and credentialing of senior Medical and Dental practitioners, which occurs in alignment with all relevant NSW legislation, NSW Health Policy Directives, and with South Eastern Sydney Local Health District (SESLHD) policies and By-Laws.

The framework for the appointment of senior medical and dental staff in hospitals, community health services and nursing homes is established with reference to the SESLHD By-Laws and by the Health Services Act 1997 (NSW).

2. AIMS

- To inform Medical Administrators and site Medical Administration, the Senior Medical and Dental Officer Appointment Advisory Committee (MDAAC), Site Interview and Credentials MDAAC Subcommittees and senior medical and dental practitioners of the processes governing the appointment, credentialing and delineation of scope of clinical practice for Senior Medical and Dental Officer appointments.

- To ensure that appointment processes and delineation of scope of clinical practice for each senior practitioner comply with all relevant NSW legislation, NSW Health Policy Directives, and with South Eastern Sydney Local Health District (SESLHD) policies and By-Laws so that individual clinicians, managers and patients may be confident that those employed within SESLHD meet the criteria for employment, and are granted appropriate scope of clinical practice.

- To provide a policy framework to ensure that the appointments of Senior Medical and Dental Practitioners are undertaken in accordance with all relevant NSW legislation, NSW Health Policy Directives, and with SESLHD policies and By-Laws and applicable industrial awards and determinations.

- To provide a policy framework to ensure that scope of clinical practice for senior medical and dental practitioners is determined in accordance with the delineated role of the facility or service and the credentials held by the practitioner.

3. TARGET AUDIENCE

- Site Medical Administration
- The Medical and Dental Appointments Advisory Committee and its Subcommittees
### 4. RESPONSIBILITIES

- Facility Director of Operations
- Facility Directors of Clinical Services
- SMO Services
- Workforce Services
- Chief Executive

### 5. DEFINITIONS

<table>
<thead>
<tr>
<th>The Act</th>
<th>Health Services Act 1997 (NSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Health Practitioner Registration Authority (AHPRA)</td>
<td>AHPRA has a statutory responsibility to protect the health and safety of the people of NSW. It does this by providing a range of programs and services aimed at ensuring that all doctors registered in NSW are fit to practice medicine to the high standard the public is entitled to expect.</td>
</tr>
<tr>
<td>Award</td>
<td>Staff Specialist (State) Award</td>
</tr>
<tr>
<td>CACD</td>
<td>Critical Actions Compliance Declaration</td>
</tr>
<tr>
<td>Clinical Academic</td>
<td>A medical practitioner holding general or conditional specialist registration, who is employed as a member of staff of a NSW university school of medicine</td>
</tr>
<tr>
<td>Colleges</td>
<td>Professional Medical Colleges</td>
</tr>
<tr>
<td>Credentials Committee</td>
<td>Credentials (Clinical Privileges) Subcommittee; a subcommittee of the Medical and Dental Appointments Advisory Committee (MDAAC) convened to delineate and grant scope of clinical practice.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>DCS</td>
<td>Site Director of Clinical Services</td>
</tr>
<tr>
<td>DDMS</td>
<td>District Director Medical Services, SESLHD</td>
</tr>
<tr>
<td>Dentist</td>
<td>Means a person registered as such under the <em>Health Practitioner Regulation National Law (NSW).</em></td>
</tr>
<tr>
<td>MDAAC (or MADAAC)</td>
<td>Medical and Dental Appointments Advisory Committee</td>
</tr>
</tbody>
</table>
| MSC and MESC | Medical Staff Council  
Medical Staff Executive Council |
| Medical practitioner | Means a person registered as such under the *Health Practitioner Regulation National Law (NSW).* |
| Ministry/MOH | NSW Ministry of Health |
| Public health organisation (PHO) |  
(a) a Local Health District  
(b) a Statutory Health Corporation, or  
(c) an Affiliated Health Organisation in respect of its recognised establishments and its recognised services, under Section 7 of the Act. |
| Public hospital | A hospital controlled by a Local Health District (or a Statutory Health Corporation or Affiliation Health Organisation), under Section 15 of the Act. |
| Regulations | Regulations made under the Act |
| Scope of clinical practice (SoCP) | The kind of clinical work (subject to any restrictions) that the public health organisation determines the visiting practitioner or staff specialist is to be allowed to perform at any of its hospitals or health services. The scope of clinical practice (SoCP) is specific to an individual, and also relates to the role delineation, resources, equipment and staff available in a single facility or group of facilities. |
### Site Interview and Credentials MDAAC Subcommittee (formerly referred to as ‘Site MDAAC’)

A subcommittee of the District MDAAC established under Part 9 of the SESLHD By-Laws, to provide advice and make recommendations to the District MDAAC concerning matters relating to the appointment of visiting medical and dental practitioners, staff specialists, dental officers (Grade 3 and above), clinician managers and clinical academics at a facility of SESLHD.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMA</td>
<td>Site Medical Administration</td>
</tr>
<tr>
<td>SMO</td>
<td>Senior Medical Officer</td>
</tr>
<tr>
<td>SMOS</td>
<td>Senior Medical Officer Services</td>
</tr>
<tr>
<td>Staff Specialist</td>
<td>A medical practitioner employed by the public health organisation as a staff specialist under the Salaried Senior Medical Practitioners (State) Award</td>
</tr>
<tr>
<td>Visiting Dental Officer (or Practitioner) (VDO/VDP’)</td>
<td>A visiting dental officer is a dental practitioner appointed under a service contract to provide dental services to a public health organisation as a dentist, dental specialist, or senior dental specialist for monetary remuneration.</td>
</tr>
<tr>
<td>Visiting Medical Officer (or Practitioner) (VMO/VMP)</td>
<td>A visiting medical officer is a medical practitioner appointed under a service contract (whether the practitioner or his or her practice company is a party to the contract) to provide services as a visiting practitioner for monetary remuneration for or on behalf of the public health organisation as a general practitioner, specialist or senior specialist.</td>
</tr>
<tr>
<td>Visiting Practitioner</td>
<td>A visiting practitioner means a medical practitioner or dentist who is appointed by a public health organisation, otherwise than as an employee, to practise as a medical practitioner or dentist in accordance with the conditions of appointment (including HMOs, VMOs and VDOs), at any of its public hospitals or health institutions or in relation to any health service it provides, specified in the appointment.</td>
</tr>
</tbody>
</table>
6. GOVERNANCE

6.1 DISTRICT MEDICAL AND DENTAL APPOINTMENTS ADVISORY COMMITTEE (MDAAC)

Role of the District MDAAC

(1) In accordance with the SESLHD By-Laws, there will be a standing committee of the Local Health District named the SESLHD Medical and Dental Appointments Advisory Committee (MDAAC), which will:

(a) provide advice, and where appropriate make recommendations with reasons, to the Chief Executive concerning matters relating to the appointment or proposed appointment of visiting practitioners, staff specialists or dentists and clinical academics:

(b) consider any application that has been referred to the committee by the Chief Executive for:
   (i) appointment of a visiting practitioner, staff specialist or dentist; or
   (ii) a proposal to appoint a person as a visiting practitioner, staff specialist or dentist and clinical academics.

(c) provide advice and, where appropriate, make recommendations (with reasons) to the Chief Executive concerning the scope of clinical practice which should be allowed to visiting practitioners, staff specialists, dentists and clinical academics.

(2) The MDAAC may form subcommittees, whether at a hospital or otherwise, to provide advice or other assistance to enable it to perform its duties referred to under the SESLHD By-Laws.

(3) In accordance with the SESLHD By-Laws, there will be a Medical Staff Executive Council (MESC) consisting of the Chairs of the Medical Staff Councils of:
   - Sutherland Hospital
   - St George Hospital
   - Sydney and Sydney Eye Hospitals
   - Prince of Wales Hospital
   - The Royal Hospital for Women

The MESC will be represented on the SESLHD MDAAC.
Composition of the MDAAC

(4) In accordance with the SESLHD By-Laws, the composition of the MDAAC will be:

(a) two members appointed by the Board (at least one of whom is not a medical practitioner), one of whom is to be nominated as the chairperson of the MDAAC;

(b) two members nominated by the Medical Staff Executive Council;

(c) the Chief Executive or his/her nominee;

(d) the medical administrator (however designated) of the Local Health District or his/her nominee;

(e) such of the following persons (being medical practitioners or dentists) who in the Chief Executive’s opinion are necessary to the proper consideration of a matter or class of matters referred to the MDAAC:

   I. one representative of the Local Health District relevant to the matter under consideration;

   II. one representative with qualifications in the specialty or sub-specialty consideration relevant to the matter under consideration and who is not a member of the Medical Staff Executive Council;

   III. one representative of a university affiliated with the Local Health District for the purposes of the training of health practitioners;

(f) where a matter or class of matters referred to the MDAAC concerns an appointment of a person as a visiting practitioner, staff specialist or dentist to a hospital or hospitals under the control of the Local Health District, a representative of the medical staff council, if any, for each hospital to which the appointment relates; and

(g) where a matter or class of matters referred to the MDAAC concerns the scope of clinical practice of a visiting practitioner who is a medical practitioner, or of a staff specialist, a representative of the medical staff council, if any, for each hospital to which the appointment relates.

(5) The MDAAC has the power to co-opt people to be able to supply specific information on an item being discussed, but these people will not have voting rights.
(6) In accordance with its Terms of Reference, the MDAAC will report to the SESLHD Board. Terms of Reference for the MDAAC are to be reviewed annually.

(7) Under the SESLHD By-Laws, the SESLHD MDAAC is to establish at least one subcommittee called the Credentials (Clinical Privileges) Subcommittee to provide advice to the MDAAC on all matters concerning the scope of clinical practice of visiting practitioners, staff specialists or dentists.

6.2 SITE INTERVIEW AND CREDENTIALS MDAAC SUB COMMITTEES

(1) In accordance with the SESLHD By-Laws, the District MDAAC may form subcommittees to provide advice or assistance to enable it to perform its duties. Accordingly there will be subcommittees of the District MDAAC named ‘Site Interview and Credentials MDAAC Subcommittees’, ‘Cross-Site Interview and Credentials MDAAC Subcommittees’ or ‘Special Interview and Credentials MDAAC Subcommittees’.

(2) Site Interview and Credentials MDAAC Subcommittees will operate at St George Hospital, Sutherland Hospital, Prince of Wales Hospital, Sydney/Sydney Eye Hospital, the Royal Hospital for Women, SEALS, Mental Health and Oral Health. Other subcommittees may be formed with the approval of the District MDAAC.

Role of Site Interview and Credentials MDAAC Subcommittees

(3) The role of Site Interview and Credentials MDAAC Subcommittees will be to:

(a) Provide advice and make recommendations to the District MDAAC concerning matters relating to the appointment of Visiting Medical and Dental practitioners, Staff Specialists, Dental Officers (Grade 3 and above), clinician managers and Clinical Academics;

(b) Constitute interview panels and credentialing subcommittees for appointments of visiting or staff clinicians in their facilities/services and make recommendations to the District MDAAC for final approval by the Chief Executive.

Composition of Site Interview and Credentials MDAAC Subcommittees

(4) Site Interview and Credentials MDAAC Subcommittees shall be composed of:

(a) Two representatives of the hospital or service Medical Staff Council (MSC) nominated by the MSC to be on the Subcommittee;
(b) The General Manager/Director of Operations of the hospital or service, or her/his nominee if not otherwise involved;

(c) The Director of Clinical Services or her/his nominee if not otherwise involved;

(d) The Dean of the Faculty of Medicine, University of New South Wales and/or the University of Sydney (as appropriate) or his/her delegate;

(e) Relevant representative of the Department for the matter under consideration;

(f) Representatives of appropriate professional medical colleges or bodies whose disciplines are relevant to the matter under consideration, preferably who do not hold an appointment at the hospital(s) under consideration;

(g) Where the appointment under consideration has clinical responsibilities across a number of institutions or involves District-wide services, the District Director Medical Services, SESLHD and/or representatives of the other institutions may attend.

Operation of Site Interview and Credentials MDAAC Subcommittees

(5) Site Interview and Credentials MDAAC Subcommittees will operate as follows:

(a) A quorum for an interview shall be five (5), including at least two representatives of the discipline applicable to the appointment(s) under consideration;

(b) Individuals may fulfill more than one of the above roles. Individual Site Interview and Credentials MDAAC Subcommittees may set minimum numbers of various categories of representation for a quorum;

(c) With respect to Teaching Hospitals, at least three (3) members shall hold a university appointment (full or conjoint);

(d) Executive support will be provided by Hospital Administration;

(e) Regular members of a Site Interview and Credentials MDAAC Subcommittees will have participated in special training in recruitment principles and procedures. Chairs of Site Interview and Credentials MDAAC Subcommittees will have certification in convening of recruitment panels.
6.3 AFFILIATED HEALTH ORGANISATION MDAACS

In each of the affiliated health organisations in SESLHD (War Memorial Hospital and Calvary Hospital), there will be MDAACs which report to the respective Chief Executives of those organisations. They will have similar terms of reference and membership to those described above.

6.4 CREDENTIALS (CLINICAL PRIVILEGES) SUBCOMMITTEES

6.4.1 SESLHD Credentials (Clinical Privileges) Subcommittee

(1) The SESLHD Credentials (Clinical Privileges) Subcommittee provides advice to the SESLHD MDAAC on all matters concerning the scope of clinical practice of any person who is appointed as a staff specialist, a visiting practitioner or a dentist, or any person who the MDAAC is considering recommending for appointment as a visiting practitioner, staff specialist of a dentist, including matters in relation to:

(a) the scope of clinical practice to be allowed to an applicant or person proposed for appointment as a visiting practitioner;

(b) the scope of clinical practice to be allowed to a staff specialist or dentist on appointment;

(c) the review of the scope of clinical practice of a visiting practitioner, staff specialist or dentist at the request of the visiting practitioner, staff specialist or dentist; and

(d) the review of the scope of clinical practice of a visiting practitioner, staff specialist or dentist at the request of the Chief Executive.

(2) In considering all matters concerning scope of clinical practice, the Credentials (Clinical Privileges) Subcommittee is to have regard to the delineated role of the relevant health facility approved by the Ministry of Health and appropriate credentials in relation to the scope of clinical practice.

(3) The Credentials (Clinical Privileges) Subcommittee shall be composed of:

(a) at least two members of the MDAAC who are either medical practitioners or dentists, nominated by the MDAAC; and
(b) any other medical practitioners or dentists appointed by the MDAAC who the subcommittee considers are necessary to consider the matter or matters referred to the subcommittee for advice.

(c) The MDAAC is to nominate one of the persons under sub clause (3)(a) as chairperson of the subcommittee.

(d) In appointing members of the subcommittee under sub clause (3)(b), the MDAAC is to ensure that the appointments are consistent with any Ministry guidelines, Policy Directives or Information Bulletins relating to the delineation of scope of clinical practice and/or the composition of the subcommittee.

6.4.2 Site Interview and Credentials MDAAC Subcommittees or Special Credentials Subcommittees

(1) All recommendations for appointment that are considered by Site Interview and Credentials MDAAC Subcommittees must also involve the credentialing of the medical and dental practitioners being considered. The Site Credentials MDAAC Subcommittee may meet at the same time as the Site Interview MDAAC Subcommittee, or may be convened separately.

(2) The minimum membership of a site credentials subcommittee or a special credentials subcommittee will be:

(a) At least two members of the Site Interview and Credentials MDAAC Subcommittee who are medical practitioners or dentists nominated by the Subcommittee; and

(b) a medical practitioner from the specialty or sub-specialty in which privileges were determined in respect of specialist appointments;

(c) any other medical practitioners or dentists appointed by the Site Interview and Credentials MDAAC Subcommittees who are considered necessary to consider the matters referred for advice.
7. MEDICAL AND DENTAL STAFF APPOINTMENTS

7.1 RESPONSIBILITIES OF GOVERNING COMMITTEES IN RELATION TO STAFF APPOINTMENTS

7.1.1 Responsibilities of Site Interview and Credentials MDAAC Subcommittees or Special Credentials Subcommittees

(1) Each institution is responsible for ensuring that:

(a) the principles of Equal Employment Opportunity and merit are followed;

(b) All processes are consistent with Ministry of Health Policy and SESLHD Human Resources processes and procedures (including certification of conveners and training of interview panelists) in relation to:
   - Request to Recruit
   - Position Description
   - Advertising
   - Culling
   - Short-listing of applicants
   - Convening Site Interview and Credentials MDAAC Subcommittees for interview
   - Interviewing
   - Seeking referees’ reports at relevant times
   - Initiating criminal record checks, working with children checks, verification of identity
   - Verification of Medical Board Registration and qualifications
   - Verification of Identity
   - Convening of a Special Credentials (Clinical Privileges) Subcommittee

(2) The Site Interview and Credentials MDAAC Subcommittee will recommend the preferred applicant (with delineated scope of clinical practice) to the District MDAAC, managed by SESLHD SMO Services via submission of committee minutes, which contain the completed Credentialing section template and a completed Critical Actions Compliance Declaration (Refer SESLHD Form F207 Critical Actions Compliance Declaration Senior Medical and Dental Officer Appointments).
7.1.2 SESLHD Credentials (Clinical Privileges) Subcommittee responsibilities

(1) The SESLHD Credentials (Clinical Privileges) Subcommittee will:

(a) Receive recommendations from Site Interview and Credentials MDAAC Subcommittees;

(b) Ensure all mandatory documentation relating to the credentialing process was collected and provided to the Credentials Committee by each Site Interview and Credentials MDAAC Subcommittee;

(c) Ensure that the Site Interview and Credentials MDAAC Subcommittees were convened in accordance with the requirements of the SESLHD By-Laws, and that a clinician of each specialty being considered was in attendance at each Site Interview and Credentials MDAAC Subcommittee;

(d) Consider recommendations from the Site Interview and Credentials MDAAC Subcommittees and make recommendations to the District MDAAC regarding the delineation of scope of clinical practice for each appointee.

(e) Ensure that the Chair completes the relevant section of the Critical Actions Compliance Declaration (Refer SESLHD Form F207 Critical Actions Compliance Declaration Senior Medical and Dental Officer Appointments).

7.1.3 District Medical and Dental Appointments Advisory Committee (MDAAC) responsibilities

(1) The SESLHD MDACC will:

(a) Receive recommendations from Site Interview and Credentials MDAAC Subcommittees, and District interview panels;

(b) Ensure the principles of Equal Employment Opportunity and merit are followed and that all processes are consistent with SESLHD and Ministry of Health Policy;

(c) Make recommendations for appointments to the District Chief Executive;

(d) Ensure that the Chair completes the relevant section of the Critical Actions Compliance Declaration (Refer SESLHD Form F207 Critical Actions Compliance Declaration Senior Medical and Dental Officer Appointments).
7.1.4 SMO Services responsibilities

District SMO Services will be the Secretariat for the District MDAAC and is responsible for receiving all Site Interview and Credentials MDAAC Subcommittee submissions, including all mandatory documentation from the sites.

7.1.5 Chief Executive responsibilities

The Chief Executive, in addition to making the appointment of a medical or dental practitioner, grants the scope of clinical practice in accordance with the Health Services Act 1997. The Chief Executive will receive and consider the recommendations of the SESLHD MDAAC on behalf of the Board, and completes relevant sections of the Critical Actions Compliance Declaration (refer District Form F207 Critical Actions Compliance Declaration Senior Medical and Dental Officer Appointments) for each appointee.

7.2 TEMPORARY APPOINTMENTS

(1) Sites may seek to appoint senior medical staff to a locum or temporary position without the need for advertisement by way of application to the District Director Medical Services, SESLHD (DDMS) through SMO Services.

(2) There are a series of Critical Actions that must occur for all temporary appointments. This includes the requirement for completion of referee checks, which must be reviewed by the site Director of Clinical Services (DCS). Mandatory actions to be completed are described in NSW Health PD2015_023 Visiting Practitioner Appointments in the NSW Public Health System.

(3) The authority to make temporary appointments has been delegated by the Chief Executive to the DDMS. In making such appointments, the DDMS must confirm the appointment in writing, including the following matters:

- Specify the effective dates of the appointment
- Specify the grading of the appointment in accordance with the relevant industrial criteria
- Specify the responsibilities of the position
- Specify the interim scope of clinical practice awarded to the Practitioner.

(4) The appointment will be for a period not exceeding three months without advertisement. The appointment shall not extend beyond the initial three months for
more than one further three month period, without referral to the District MDAAC for ratification. Such extensions should only be granted in extraordinary circumstances. For periods extending beyond six months, the position must be advertised.

(5) Documentation required will be determined by the type of temporary appointment that is sought:

(a) For temporary appointments of Staff Specialists or Visiting Practitioners for less than one week:

- Application for Temporary Appointment (Locum), Extension, or Scope of Clinical Practice change (<3 months) – District Form D190.
- Critical Actions Compliance Declaration – District Form F207 Critical Actions 1.1 to 1.5
- Critical Actions Compliance Declaration – District Form F207 Sign-off of Section 1.0

(b) For temporary appointments of Staff Specialists for > 1 week up to 13 weeks, and temporary appointments of Visiting Practitioners for > 1 week up to 6 months:

- Application for Temporary Appointment (Locum), Extension, or Scope of Clinical Practice change (<3 months) – District Form D190
- Critical Actions Compliance Declaration – District Form F207 Critical Actions 1.1 – 1.12
- Critical Actions Compliance Declaration – District Form F207 Sign-off of Section 1.0 (and where the practitioner has been interviewed for appointment and the District Credentials (Scope of clinical practice) Subcommittee has recommended that scope of clinical practice are granted, Actions 2.1 and 2.2 should also be completed)

(6) In emergency situations, senior medical practitioners can be appointed and commence work prior to completion of the Working with Children Checks or National Criminal Records Check (CRC). In such situations, a Working with Children Check application number must be provided within five working days of commencement. In all circumstances, registration must be first verified through the AHPRA website before commencing.

7.3 VISTING MEDICAL PRACTITIONER APPOINTMENTS

(1) The procedure for filling VMP positions is the same as that outlined above in Section 7.1 (Responsibilities of governing committees in relation to staff appointments)
(2) In the case of re-appointments, indicators of the Visiting Medical Practitioner’s performance at the Institution should be taken into account as per the Annual Performance Review. These may include, but are not limited to, matters such as:

(a) Professional performance;

(b) Peer recommendation;

(c) Participation in quality assurance activities;

(d) Undertaking continuing medical education of self or others;

(e) Maintenance of adequate medical records.

(3) As well as reviewing scope of clinical practice at the time of formal re-appointment, the credentials committee may consider the granting of additional privileges as well as the continuation or curtailment of existing privileges as appropriate.

(4) Visiting practitioners are eligible for, but not entitled to re-appointment. For VMOs and VDOs only, advertising of positions is not required in circumstances where:

(a) The role and responsibilities of the VMO/VDO remains largely unchanged since their original appointment; and

(b) There has been a Level 2 review of the VMO/VDO in the penultimate year of the term of their appointment; and

(c) The performance has been such to warrant re-appointment without advertising; and

(d) The organisation has decided that it is appropriate to appoint a VMO/VDO with an existing appointment for a further term.

(5) Persons applying for advertised positions may be new applicants or existing appointees, and the application process is the same in both cases.

(6) Existing appointees’ previous performance and the outcomes of Performance Reviews should be regarded as relevant. Where previous Performance Reviews have been conducted, any service issues to be taken into consideration should be subsequent to the performance reviews or which were not addressed at the Performance Reviews.
(7) Where there is no other applicant for the position or the number of applicants is less than the number of advertised positions, it is acceptable for the MDAAC to rely on the practitioner’s previous performance and not have to interview.

A flow chart providing an overview of the appointment process for senior medical and dental officers is provided in Appendix A.

7.4 CATEGORIES OF MEDICAL AND DENTAL PRACTITIONER APPOINTMENT

7.4.1 Visiting Medical Practitioners

(1) A visiting medical practitioner is a medical practitioner appointed by the Chief Executive to perform work as a medical practitioner otherwise than as an employee. This category is also to be used for clinicians who hold primary appointments as Clinical Academics at the University of New South Wales and the University of Sydney to describe the hospital’s conjoint appointment.

(2) A visiting medical practitioner may be appointed under one of the following categories:

(a) **Visiting Medical Officer** (VMO) means a visiting medical practitioner who has:
   (i) admitting rights in addition to other specified scope of clinical practice; and
   (ii) an agreed annual service contract and who is remunerated under the agreed conditions of a sessional, fee for service or Rural Doctors’ Association agreement;
   (iii) Appointment will be at Specialist, Senior Specialist or General Practitioner level, as appropriate for “Procedural” and “Non-Procedural” specialties.

(b) **Relieving Visiting Medical Officer** means a VMO who:
   (i) is appointed for all or part of the appointment period;
   (ii) has a signed contract;
   (iii) is remunerated under the agreed condition of a sessional, fee for service or Rural Doctor’s Agreement contract;
   (iv) does not have ‘agreed annual hours’ or ‘agreed annual budget’ in their contract;
   (v) is required to perform duties to relieve another member of the senior medical staff and/or required to perform specific time-limited duties;
   (vi) is remunerated for duties performed.

Relieving positions must be advertised and applicants interviewed and credentialed for the position as per any other visiting medical officer appointment.
(c) **Honorary Medical Officer** means a visiting medical practitioner who has:
(i) admitting rights in addition to other specified scope of clinical practice;
(ii) an agreed annual Honorary Service contract; and
(iii) who is not remunerated for the care of public patients.

(d) **Associate Medical Officer** means a visiting medical practitioner who possesses special skills or attributes that render the appointment of benefit to the District Health Service; and who has:
(i) a limited contract (usually two years);
(ii) limited scope of clinical practice; and
(iii) who may or may not be remunerated for the care of public patients.

This form of appointment is useful for doctors who may be assisting at operations or in clinics on a regular basis and who are called upon to fill relieving positions throughout the year. It is also used for clinicians with ‘primary’ appointments at a Level 4 or 5 Hospital, who may be credentialed to perform their complex work at a Level 5 or 6 Site. Appointment will be at Specialist, Senior Specialist or General Practitioner level, as appropriate.

(e) **Affiliate Medical Officer** means a visiting medical practitioner who:
(i) is in active practice locally, or at an affiliated rural hospital;
(ii) may be given defined scope of clinical practice of benefit to the hospital;
(iii) may participate in pertinent clinical meetings, seminars, lectures and educational programs; and
(iv) is not remunerated.

This category of appointment is used for local General Practitioners participating in shared care programs, quality use of medicines activities, teaching or research. It is also used for practitioners who are serving in country or outer metropolitan hospitals or community health centers who seek involvement with the relevant hospital’s professional development program.

The privileges associated with an Affiliate Medical Officer will generally include, but are not necessarily limited to:
- Visiting their own patients in hospital
- Approval to view medical records, medication charts, etc.
- Attend case conferences where relevant

(f) **Honorary Fellow**: is used for appointment of overseas and local medical graduates undertaking training or research and for appointments which would otherwise be under State Industrial Medical Awards but are being granted on an
7.4.2 Staff appointments – Medical

(1) **Staff Specialist** means a medical practitioner appointed as a Staff Specialist under the terms of the Staff Specialists’ (State) Award, or its equivalent as amended from time to time. Appointment is made at the Staff Specialist, Senior Staff Specialist or Post-Graduate Fellow level.

(2) **Clinical Academic**:

   (a) is a medical practitioner holding general or conditional specialist registration who is employed as a member of staff of a NSW university’s School of Medicine; and

   (b) accepts an offer of employment under the arrangements set out in NSW Health PD 2010_036 *Clinical Academics Employed in the NSW Health Service* (as amended from time to time).

7.4.3 Dental Officers

(1) **Staff Dental Officer** means a dentist employed as a dentist as defined under the relevant Industrial Award

(2) **Visiting Dental Officer** means a visiting dentist appointed by the Chief Executive to perform work as a dental practitioner under a service contract.

(3) **Honorary Consultant Dental Officer** means a Visiting Dental Practitioner who may be invited to consult in an honorary capacity by active members of the staff, but who shall have no admitting rights or rights to perform work other than such consultations unless specifically approved by the Chief Executive. This category will be used for appointees in active practice whose special skills would be of benefit to the hospital.

7.4.4 Retired Visiting or Staff Clinician

Consultant Emeritus means a medical practitioner or dental officer who is a former member of the Visiting, Staff Specialist or Clinical Academic of the hospital who has given distinguished service, or is a practitioner of outstanding merit or extraordinary accomplishment, who has retired from active practice at the hospital. He or she may be invited to consult in an honorary capacity by members of the active staff but who shall have no admitting rights or rights to perform work other than such consultation, unless specifically approved by the Chief Executive on the recommendation of the MDAAC.
7.5 APPEALS PROCESSES

7.5.1 Appeals – Visiting Medical Practitioners

(1) Any grievances by existing visiting practitioners about aspects of the appointment process are to be dealt with according to SESLHD grievance processes.

(2) In accordance with Section 105 of the Health Services Act 1997 (the Act), if a public health organisation does not reappoint a person as a visiting practitioner, it must give notice in writing to that person of its decision (and the reasons for that decision) within 14 days of the making of the decision.

(3) Section 106 of the Act provides that a person who is dissatisfied by such a decision may appeal to the Minister. There is no right of appeal in the event of a failure to gain an initial appointment as a visiting practitioner.

7.5.2 Appeals – Staff Specialists

The process for appeals relating to decisions on appointments and clinical responsibilities is set out in the Staff Specialists’ (State) Award.

7.6 TERMS OF APPOINTMENT

(1) The term of appointment for officers in the following categories will be not be longer than that specified in the Act in relation to Visiting Practitioner appointments (currently five years):

- Visiting Medical Officer
- Relieving Visiting Medical Officer
- Honorary Medical Officer
- Affiliate Medical Officer
- Visiting Dental Officer
- Honorary Consultant Dental Officer

(2) The term of appointment for an Associate Medical Officer will generally be for two years, but may be up to five years if associated with an appointment within the Local Health District.

(3) The term of appointment for an Honorary Fellow will be 12 months and will be renewable annually subject to the application of the relevant State Industrial Awards.
8. CREDENTIALING OF MEDICAL PRACTITIONERS AND DELINEATION OF SCOPE OF CLINICAL PRACTICE

8.1 Background

This document addresses the policy, structure and rationale for credentialing and delineation of scope of clinical practice for medical and dental practitioners. There exists a critical need for concurrence between the needs of the population, the role of the health service facility, its facilities, staffing and resources, as well as the skills, training and qualifications of the medical or dental practitioner working at the hospital.

It is imperative that the practitioner is appropriately skilled to perform the care required by the health service and its patients. It is equally important that a practitioner not attempt to provide care which exceeds their own capabilities or exceeds those able to be supported by the facility, its physical resources, equipment, support services or staff.

The following sections set out the procedure to be followed for the granting and renewal of scope of clinical practice at any service, facility or group of services or facilities within SESLHD.

8.1.1 Staff Affected

This procedure applies to the granting of scope of clinical practice to the following staff:

- Salaried Senior Medical Practitioners (Staff Specialists and Post-Graduate Fellows)
- Visiting Medical Practitioners
- Clinical Academics
- Visiting Dental Practitioners
- Salaried Dental Practitioners

8.1.2 Types of Appointment to which this applies

(1) The procedure is to be used for:

(a) The initial appointment of a senior medical or dental practitioner;

(b) The subsequent appointment (“re-appointment”) of a visiting medical or dental practitioner;
8.1.3 Recommendation to Chief Executive

(1) The Chief Executive of SESLHD is legally responsible for the awarding of the scope of clinical practice of practitioners. The Chief Executive considers recommendations submitted by the SESLHD MDAAC, which in turn receives recommendations from Site Interview and Credentials MDAAC Subcommittees, Cross-Site Interview and Credentials MDAAC Subcommittees or Special Interview and Credentials MDAAC Subcommittees.

(2) In order to ensure that the Chief Executive is appropriately and consistently advised of the recommendations of the Credentials Committee, and their assessment by the MDAAC, a standard, Credentialing Section is to be included with each site recommendation within the Minutes.

8.2 PROCEDURE FOR THE DELINEATION OF SCOPE OF CLINICAL PRACTICE

8.2.1 Definition of Scope of Clinical Practice

(1) There are four (4) categories of scope of clinical practice, as defined in NSW Health PD2005_497 Visiting practitioners and staff specialists: Delineation of scope of clinical practice for visiting practitioners and staff specialists: policy for implementation:

(a) **Broad privilege**: delineates the individual general specialty area and refers to procedures and treatments in keeping with the individual’s broad qualifications and training at the time of appointment, for example: ‘general surgery’ or ‘consistent with the usual practices of orthopedic surgery’. Such privileges must be consistent with the delineated role of the Hospital, including the support services available. Where a practitioner applies for a “Broad” clinical privilege, a recommendation should be made accordingly by Site Interview and Credentials MDAAC Subcommittees or the District MDAAC.

(b) **Specific privilege**: refers to procedures and treatments that are a normal part of an individual’s training preformed irregularly, but by many in that specialty. These privileges may be likened to a ‘sub-specialty’, for example: ‘General surgery’ with a...
‘specific’ privilege in Breast Surgery, or when additional training has been undertaken, for example: ‘General Surgery with Endoscopy’. Each professional group should define the specific treatment areas where ‘specific privileges’ need to be granted. If specific guidelines are available for a particular therapeutic intervention, these should be considered by the credentials committee.

(c) **Non-routine privilege**: are procedures or treatments which the Local Health District or institution have identified as not being granted to all members of a particular broad or specific specialty area and are, therefore, delineated on an individual basis, for example: General Practitioner providing Obstetric services. These generally describe specific procedures in which a specialist or sub-specialist may be qualified and required to work.

(d) **General clinical duties**: refer to general duties contained within the practice of a specialty and covers such items as: Consulting, Admitting rights, On-Call, Operating Theatre and Outpatient Clinics.

### 8.2.2 Documentation of Scope of Clinical Practice available to Practitioners

1. At the time of initial advertisement for a position, advertisement for ‘re-appointment’ of VMPs, or regular review of scope of clinical practice, the facility (or facilities) should specify in writing the scope of clinical practice available to applicants.

2. The available scope of clinical practice should take into account:

   (a) The delineated role of the hospital;

   (b) The needs of the population;

   (c) The resources, facilities and staff available; and

   (d) The range of services required of the practitioner, for example: inpatient services, outpatient services, on call requirements, teaching etc.

3. When a position is advertised at a sub-specialty level (with ‘specific privileges’), the advertisement/information package should make it clear to applicants whether the scope of clinical practice available is only at sub-specialty level (with ‘specific privileges’), or whether ‘broad privileges’ in the District of specialty are also offered. It should also be made clear whether a sub-specialty practitioner is required to participate in a sub-specialty on-call roster and/or a general ‘specialty’ on-call roster.
8.2.3 Documentation of credentials required

(1) The credentials required to undertake the duties determined in 8.2.1 (‘Definition of Scope of Clinical Practice’) should be included in the advertisement/job information package. The required credentials include the following:

(a) Registration as a medical or dental practitioner, at specialist level where appropriate;

(b) Fellowship of a College or equivalent qualification;

(c) Documented training and experience;

(d) Specific training and experience in a particular sub-specialty, non-routine procedure, etc. with documentation of particular requirements. For example: a minimum period of training, possession of post-graduate qualification etc, where applicable;

(e) Special qualifications necessary for a particular position for example: license to operate radiographic equipment, certification in use of medical laser etc;

(f) Proof of Continuing Medical Education (CME).

(2) In some cases, a particular clinical privilege may be ‘mandatory’ or ‘optional’. For example, the granting of scope of clinical practice in Paediatrics in a broad specialty area. Any practitioner, other than Paediatricians wishing to treat children should be specifically credentialed for this role.

8.2.4 Application by Practitioner

The application by the practitioner for the granting of scope of clinical practice should specifically address the scope of clinical practice available 8.2.1 above, and provide evidence of possession of the necessary credentials 8.2.3 above.

Scope of clinical practice offered for ‘non-Specific’ (or sub-specialty) positions should clearly indicate the type and range of privileges available in accordance with the hospital’s delineated role; for example, “good to moderate risk,” etc. Privileges granted to ‘Broad’ specialty applicants should clearly specify the limit of work able to be performed.
8.2.5 Assessment by a site credentials subcommittee

(1) A site credentials subcommittee has the responsibility of recommending the scope of clinical practice that may be granted to the practitioner.

(2) The role of a site credentials subcommittee is to:

   (a) Assess the credentials possessed by the applicant by working through and completing the Credentialing section of the Minutes template and completing the Critical Actions Compliance Declaration for each successful candidate;

   (b) Compare the assessed credentials to those determined to be mandatory for the advertised scope of clinical practice, or optional scope of clinical practice where relevant (for example, paediatric procedures);

   (c) Consider the scope of clinical practice applied for by the practitioner;

   (d) Assess which of the scope of clinical practice applied for are commensurate with the assessed credentials of the applicant;

   (e) Recommend to the Site Interview and Credentials MDAAC Subcommittee which scope of clinical practice should be granted.

(3) The site credentials subcommittee may meet prior to the Site Interview and Credentials MDAAC Subcommittee (and assess all applicants who are listed for interview), or after the Site Interview Subcommittee of the MDAAC (and assess the recommended applicant(s) only). However, the role of the site credentials subcommittee is not simply “culling” applicants for interview. Culling is undertaken by the Site Interview and Credentials MDAAC Subcommittee prior to calling selected applicants for interview.

8.2.6 Assessment by the Site Interview and Credentials MDAAC Subcommittee

(1) The Site Interview and Credentials MDAAC Subcommittee will consider the recommendation of its credentials subcommittee and record its endorsement (or otherwise) of the recommendation in its minutes, also containing a complete Credentialing Section for each applicant.

(2) The minutes should include reasons for the endorsement (or otherwise) of the recommendations.

(3) Scope of clinical practice are required to be delineated for all members of the Senior Medical and Dental Staff, both for their appointments and, in the case of VMOs for their Service Contracts and for Staff Specialists and Clinical Academics as part of their
performance agreements. Such privileges are delineated by the Chief Executive after advice from the District MDAAC.

(4) The Credentialing Section is to be completed and provided to the District MDAAC by each site for each appointment and submitted with the recommendations and/or minutes of the Site Interview and Credentials MDAAC Subcommittee.

8.2.7 Chief Executive Responsibility

The Chief Executive, in addition to making the appointment of a medical or dental practitioner, grants scope of clinical practice in accordance with the Health Services Act 1997.

8.2.8 Notification to Practitioners

(1) Following the appointment of the practitioner, or following the regular re-assessment of scope of clinical practice, the practitioner is to be notified as part of their appointment documentation or by notification of re-assessment of scope of clinical practice granted, of the scope of clinical practice approved by the Chief Executive.

(2) For Visiting Medical Practitioners or Visiting Dental Practitioners, the scope of clinical practice granted is to be included as a Schedule to their Service Contract.

(3) For Staff Specialists and Clinical Academics the scope of clinical practice granted should form part of their Performance Agreement (as per the Staff Specialists Award).

(4) Any practitioner who wishes to have his or her allocation of scope of clinical practice reconsidered may request a Credentials Subcommittee to conduct a review.

(5) A practitioner may appeal to a MDAAC to request a review of the allocation of scope of clinical practice by a Credentials Subcommittee.

8.2.9 Extensions of Scope of Clinical Practice

(1) Under NSW Health Policy and the SESLHD By-Laws, a medical or dental practitioner’s scope of clinical practice may be extended by the Chief Executive on the recommendation of the District MDAAC, advised by a duly constituted District Credentials (Clinical Privileges) Subcommittee. This may be the result of a change in the hospital's role, approval of a new procedure, etc. However, any such extension of privileges must be consistent with the appointment held by the practitioner.

(2) Possession of skills or qualifications in other areas of practice is not per se justification for a practitioner to be granted scope of clinical practice outside the boundaries of the appointment held. The District MDAAC and Credentials (Clinical Privileges) Subcommittee should ensure that any recommendation for scope of clinical practice is consistent with the appointment.
(3) Hospitals should ensure that the scope of practice permitted is similarly consistent with the appointment, regardless of any additional qualifications possessed by an individual practitioner.

8.2.10 Interim Scope of Clinical Practice

When a practitioner is required to commence duty prior to the next scheduled meeting of the SESLHD Credentials (Clinical Privileges) Subcommittee, the Chair of the Site Interview and Credentials MDAAC Subcommittee will recommend interim scope of clinical practice for the practitioner to the DDMS after consulting with a medical practitioner from the relevant specialty/sub-specialty (where possible the Head of Department) in which the appointment is being made.

Any interim scope of clinical practice granted is to be considered at the next scheduled meeting of the Site Interview and Credentials MDAAC Subcommittee, and a recommendation made to the SESLHD Credentials (Clinical Privileges) Subcommittee.

8.3 REVIEW AND RE-DELINEATION OF SCOPE OF CLINICAL PRACTICE

8.3.1 Routine review – Annual Performance Review

(1) A practitioner’s scope of clinical practice should be reviewed by the Credentials (Clinical Privileges) Subcommittee at least annually as part of the organisational performance review process.

(2) The review should consider the practitioners current scope of clinical practice / scope of clinical practice, whether they are appropriate and the need for any modifications.

(3) In doing so the review should take into consideration the practitioner’s clinical practice and any additional training/qualifications over the preceding 12 months, as well as any service changes that might have occurred within the organisation.

(4) The review should also take into consideration any criteria or guidelines that the organisation has determined necessary for the granting and retention of “specific” and “non-routine” privileges within specialty groups.

(5) Specifically, the review should consider any time-limited or conditional privileges that the organisation has previously granted the practitioner.

8.3.2 Process for conducting an Annual Performance Review

(1) A practitioner’s annual performance review will be conducted by their Department Head or by the Facility Director of Clinical Services (DCS) for Heads of Department. The performance review should include discussion and documentation in relation to the

(2) The completed performance review is submitted electronically using the Performance Management system which is aligned to the SMO Database which holds the SMO’s approved scope of clinical practice.

(3) When submitting the review, the Department Head/DCS will be required to indicate whether there is a recommendation for continuation of the practitioner’s current scope of clinical practice, or if a change to current scope of clinical practice is requested.

(4) Where continuation of the practitioner’s current scope of clinical practice is recommended by the Department Head/DCS, the Performance Management system will send an automatic notification to SMO Services recommending the continuation. SMO Services will ensure that the notification is listed on the agenda of the next MDAAC meeting for ratification.

(5) If a change to scope of clinical practice is recommended by the Department Head/DCS, the Performance Management System will send an automatic notification to the relevant DCS for follow-up and action as appropriate. On receipt of the electronic notification from the Performance Management System, the DCS shall refer the request (together with all available supporting information/documentation) to the site credentials subcommittee for consideration and recommendation to the Site Interview and Credentials MDAAC Subcommittee.

(6) The Site Interview and Credentials MDAAC Subcommittee shall forward a recommendation to the District MDACC for either renewal or amendment (if required) of scope of clinical practice.

(7) In considering the request, the Credentialing (Clinical Privileges) Subcommittee of the MDAAC should take into consideration the information and process as outlined in Section 8.3.1 (‘Routine review – Annual Performance Review’) above.

(8) In the circumstances where the proposed review/change in scope of clinical practice is based on an issue of either performance or patient safety, then the DCS has the delegation to immediately implement the amended privileges/scope of practice until it can be formally reviewed and determined by the Site Interview and Credentials MDAAC Subcommittee.

(9) In such circumstances, review by the Credentialing (Clinical Privileges) Subcommittee and District MDAAC should be as soon as possible, and should not be unreasonably delayed.
8.3.3 Non-routine review of scope of clinical practice

(1) A review and reassessment of a practitioner’s scope of clinical practice may occur at any time within an appointment period. Such a review may be requested at any time by either the public health organisation or the practitioner.

(2) There is no continuing obligation on a facility to support privileges granted at appointment or at any other time. However, any decision to restrict, remove or deny scope of clinical practice to a practitioner must be made with the principles of procedural fairness and natural justice and must not be made unreasonably.

(3) Scope of clinical practice may also be reviewed at any time within the appointment period for one of the following reasons:

(a) Request by a practitioner for additional scope of clinical practice;

(b) A practitioner applying to undertake a new interventional procedure in accordance with SESLHD policy for the assessment of new interventions, procedures or technologies;

(c) A practitioner wishing to reduce or modify their scope of clinical practice;

(d) A practitioner subject to a concern or a complaint where it is determined assessment by the Credentials Committee should occur;

(e) A practitioner wishing to undertake an experimental procedure or conduct research where the clinical practice to be undertaken is not consistent with the scope of clinical practice granted to the practitioner and the research protocol has received prior approval from the relevant Human Research Ethics Committee;

(f) A change in clinical services such that the scope of clinical practice in place requires re-assessment.

(4) A non-routine review of scope of clinical practice may be initiated by referral from any of the following sources:

(a) A practitioner;

(b) Clinical Department Head;

(c) Site DCS, following notification of complaint or concern;
(d) The Medical Executive Director, as a result of assessment or review of a new intervention, procedure or technology.

(5) It is the responsibility of the DCS to convene a Site Interview and Credentials MDAAC Subcommittee to consider the issue and make a recommendation to District MDAAC.

(6) Where a request by a practitioner for granting of privileges is declined, or the organisation reduces the scope of clinical practice that had previously been granted, they must give the practitioner notice of the decision within 14 days of making the decision in order to exercise their right of appeal. See NSW Health PD2015_023 Visiting Practitioner Appointments in the NSW Public Health Service.

9. MONITORING OF SCOPE OF CLINICAL PRACTICE

(1) It is the responsibility of facility Directors of Clinical Services, together with Department Heads, to ensure that all clinicians are working within their approved scope of clinical practice. In order to achieve this, individual facilities must:

(a) Ensure that a list of all senior medical/dental staff and their approved credentials/ scope of clinical practice is readily available and accessible to all relevant staff via the SMO Services intranet page.

(b) Establish an annual clinical audit program utilising available clinical information systems to monitor that staff are working within their approved scope of clinical practice.

(2) Clinical audits should concentrate on areas of high risk and include scheduled/routine audits as well as ad hoc audits in response to clinical incidents, complaints or concerns raised.

(3) Audit schedules should be reviewed annually.

(4) Audit results should be reported to the relevant DCS to manage as required. Non-compliance with approved scope of clinical practice is a serious matter and must be managed appropriately.

(5) Records of all audits should be retained by the Departments in which they were conducted, as well as held centrally by Site Medical Administration.
10. DOCUMENTATION

- Application for temporary Appointment (Locum), Extension, or Scope of Practice change (<3 months) (Form 1) SESLHD District Form D190
- Critical Actions Compliance Declaration SESLHD District Form F207
- Request to extend or change an existing SMO appointment (Form 2) SESLHD District Form F191
- Site Interview & Credentials MDAAC Subcommittee – Recruitment and Selection Checklist SESLHD District Form F171

11. REFERENCES

11.1 External References

- PD2005_497 Visiting practitioners and staff specialists: Delineation of scope of clinical practice for visiting practitioners and staff specialists: policy for implementation
- PD2009_011 International Medical Graduates – Overseas funded
- PD2010_036 Clinical Academics employed in the NSW Health Service
- PD2011_010 Visiting Practitioner Performance Review
- PD2015_026 Recruitment and Selection of Staff in the NSW Health Service
- PD2015_023 Visiting Practitioner Appointments in the NSW Public Health Service
- Australian Council for Safety and Quality in Health Care, Standard for Credentialling and Defining the Scope of Clinical Practice: A National Standard for credentialling and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals (July 2004)

11.2 Awards

- Public Hospitals (Visiting Medical Officers Sessional Contracts) Determination
- Staff Specialist (State) Award
- Salaried Senior Medical Practitioners Determination
- Health Employee’s Dental Officers (State) Award
- Health Professionals and Medical Salaries (State) Award

11.3 SESLHD References

- SESLHD By-Laws (August 2013)
- SESLHD Senior Medical Officer (SMO) and Senior Dental Officer (SDO) Delineation of Scope of Practice by Specialty List (available from SESLHD SMO Services)
### 12. REVISION & APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2006</td>
<td>Draft</td>
<td>A/Prof Ian Rewell – Area Director Clinical Services</td>
</tr>
<tr>
<td>October 2006</td>
<td>0</td>
<td>A/ Prof Ian Rewell, Area Director Clinical Services. Approved by Executive Sponsor, DCO and Area Executive Committee, 24 October 2006</td>
</tr>
<tr>
<td>November 2007</td>
<td>1</td>
<td>Pilar Helmers, Area Manager Senior Medical Officer Services. Merged information from PD 017 Senior Medical Officers – approval to appoint and process to employ predominately the flowchart, documentation and definitions to make one policy.</td>
</tr>
<tr>
<td>December 2008</td>
<td>2</td>
<td>Pilar Helmers, Area Manager Senior Medical Officer Services. Inclusion of requirements of SESIH PD2008-200 Staff Specialist and Visiting Practitioner Appointments (including Senior Medical Practitioner (Academic)) – Critical Actions Compliance Declaration</td>
</tr>
<tr>
<td>August 2009</td>
<td>3</td>
<td>Pilar Helmers, Area Manager Senior Medical Officer Services. Inclusion of requirements of PD2009_025 Clinical Academics Employed in the NSW Health Service PD2009_011 International Medical Graduates – Overseas Funded</td>
</tr>
<tr>
<td>August 2015</td>
<td>4</td>
<td>Dr Martin Mackertich, Director of Clinical Services, St George Hospital. Updated to reflect changes in District processes and District Committee structure. Development of specific credentialing by clinical specialty/sub-speciality. Inclusion of additional requirements around the monitoring of scope of clinical practice and annual review of credentialing. New SESLHD Policy Reference number allocated. Endorsed by Executive Sponsor for Draft for Comment.</td>
</tr>
<tr>
<td>October 2015</td>
<td>4</td>
<td>Dr Martin Mackertich, Director of Clinical Services, St George Hospital. Changes made to reflect feedback; addition of Appendices A and B. Submitted to District MDAAC and District Clinical and Quality Council for endorsement.</td>
</tr>
<tr>
<td>November 2015</td>
<td>4</td>
<td>Endorsed by the Clinical and Quality Council on 11 November 2015 with the following note – To use in the interim till State wide policy is introduced.</td>
</tr>
</tbody>
</table>

Revision 4  Trim No. T15/29427  Date: November 2015  Page 31 of 33

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Policy is intellectual property of South Eastern Sydney Local Health District. Policy content cannot be duplicated.
APPENDIX A: OVERVIEW OF THE APPOINTMENT PROCESS FOR SENIOR MEDICAL AND DENTAL OFFICERS - Flowchart

Flowchart Abbreviations

SMO  Senior Medical Officer
DCS  Director of Clinical Services
DDMS  District Director of Medical Services (CE Delegate)
CRC  Criminal Record Check clearance (process includes obtaining Working with Children clearance)
VMP  Visiting Medical Practitioner
MDAAC  Medical and Dental Appointments Advisory Committee
District MDAAC  Local Health District MDAAC
Site MDAAC  Site Interview & Credentials Subcommittee to the MDAAC

For locum appointments less than 3 months, the Site DCS submits a request to SMO Services for review by District Director Medical Services

Following DDMS review of application, SMO Services advises the Site DCS of the outcome, and approval is recorded on SMO Database

CRC is completed and VMP contract/letter of offer issued to locum

For locum appointments >3 months, temporary or permanent position, or changes to existing roles, site DCS submits request to SMO Services, who arranges for position to be advertised

Following advertising of positions, applications are received by Site DCS, who prepares documentation for review by the Site MDAAC

Site MDAAC undertakes registration checks and collects all credentialing documentation. Applications are culled against the criteria and applicants selected for interview.

Site MDAAC arranges for CRC and employment checks to be completed by all candidates; interviews conducted and preferred candidate/s recommended. DCS undertakes referee checks. Process and recommendations documented in the Site MDAAC minutes.

The Site Credentials Committee works through a credentialing record for each recommended candidate. Chair signs all relevant forms; process and recommendations are documented in the Site Credentials minutes.

Site MDAAC and Credentials Committee recommendations/minutes submitted to SMO Services for District MDAAC approval. District MDAAC considers all recommendations and prepares recommendations for appointments to the CE.

CE endorses or rejects District MDAAC recommendations. SMO Services notifies all sites of the CE’s decisions.

For successful candidates, credentialing record is obtained from MDAAC; all necessary checks/clearances for successful candidates are obtained. SMO Database is updated to indicate the appointment/credentialing. SMO Services creates the contract/letter of offer for review by Site DCS
APPENDIX B: Performance Reviews for Senior Medical Officers – Quick Reference Guide for Heads of Department