

Policy Directive



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Recruitment and Selection of Staff of the NSW Health Service

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Functional Sub group Corporate Administration - Governance
 Personnel/Workforce - Recruitment and selection
 Personnel/Workforce - Conduct and ethics
 Personnel/Workforce - Employment Screening
 Personnel/Workforce - Conditions of employment

Summary Module 1 sets out mandatory standards for the recruitment and selection of all staff. Module 2 outlines additional standards for staff specialists and clinical academics. Module 3 outlines additional standards for security staff. Module 4 outlines additional standards for the junior medical officer annual recruitment campaign.

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience Staff undertaking recruitment & selection actions or participating on a selection panel

Distributed to Public Health System, Divisions of General Practice, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

RECRUITMENT AND SELECTION OF STAFF OF THE NSW HEALTH SERVICE

PURPOSE

The purpose of this Policy Directive is to promulgate mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service.

Meeting the mandatory standards will ensure that:

- All appointees have the appropriate knowledge, competence, skills, qualifications, and professional registration as required, and
- Service delivery needs are able to be met in a timely manner.

MANDATORY STANDARDS

Mandatory standards for the recruitment and selection staff of the NSW Health Service are arranged in the form of Modules, which are attached to this Policy Directive.

The primary module, **Module One**, outlines the mandatory standards that must be met for all recruitment and selection in the NSW public health system, unless otherwise specified.

Module Two outlines additional or modified standards for the recruitment and selection of staff specialists and clinical academics. **Module Three** outlines additional standards for the recruitment and selection of security staff. **Module Four** outlines the additional or modified standards for the junior medical officer annual recruitment campaign.

Failure to comply with mandatory standards will be managed in accordance with current NSW Health policy for managing misconduct.

Modules are supported by *a range of tools, which are included in the relevant module as appendices*. Appendices include sample forms and letters, implementation checklists, compliance checklists and process flowcharts.

IMPLEMENTATION

Roles and responsibilities:

Chief Executives are required to:

- Ensure that the standards set out in this Policy Directive and the attached modules are communicated to all managers and staff advising on or taking part in recruitment, selection and employment processes
- Identify the lowest level at which recruitment and selection decisions can be made and facilitate the appropriate delegations, include the delegations in their public health organisation's Delegations Manual and ensure the delegations are applied consistently
- Ensure managers have the appropriate skills to exercise delegated recruitment and selection accountabilities and
- Lead by example ensuring they only approve appointments where all relevant mandatory standards have been met.

Directors of Workforce/Human Resources are required to:

- Promote and support mandatory recruitment and selection standards
- Ensure provision of instruction, information and training as necessary to support effective implementation of the standards
- Monitor compliance with mandatory standards and
- Assume responsibility for the medical recruitment function.

Convenors of selection panels are required to:

- Ensure all relevant mandatory recruitment and selection standards are followed and all the required checking and screening actions occur and are appropriately documented
- Ensure they have completed recruitment and selection training.

HealthShare Services Centres are required to:

- Provide recruitment and selection transactional services which are consistent with the mandatory standards.

All staff are required to:

- Comply with all relevant mandatory recruitment and selection standards.

REVISION HISTORY

Version	Approved by	Amendment notes
July 2006 (PD2006_059)	Deputy Director-General, Health System Support	Updated policy.
June 2010 (PD2010_041)	Deputy Director-General, Health System Support	Updated procedures and dates for the Junior Medical Officer Staff Recruitment Clinical Year 2011
February 2011 (PD2011_012)	Deputy Director-General, Health System Support	Updated policy and rescinded PD2008_045, PD2006_059, PD2005_500 and PD2005_326
June 2011 (PD2011_032)	Deputy Director-General, Health System Support	Updated policy and rescinded PD2011_012 and PD2010_041. Updated policy: <ul style="list-style-type: none"> • Add Module 4 for Junior Medical Officer annual recruitment • Removes requirement to copy 100 points of identification • Prohibits 3rd party applications • Clarifies the employment of temporary visa holders • Amends convenors checklist (M1) and compliance declaration (M2) to include confirmation that service check advised at interview and Pharmaceutical Services Branch are contacted to confirm details where there are conditions of ability to prescribe, supply etc drugs of addiction.
May 2012 (PD2012_0xx)	Deputy Director-General, Governance, Workforce and Corporate	Updated policy and rescinded PD2011_032. <ul style="list-style-type: none"> - Provide clearer advice on walk-in applicants (Mod 1) - Update advice on approval to engage recruitment companies (Mod 1) - Clarify information about Australian citizenship/residency considerations (Mod 2) - Amend the term '<i>scope of practice</i>' in Module two to read '<i>scope of clinical practice</i>' (Mod 2) - Include need to nominate Delegated Authorising Officer for the Junior Medical Officer annual recruitment (Mod 4) - Inclusion of approved governance arrangements -centralised recruitment panels (Mod 4) - Inclusion of approved Allocation process for NSW Health Trainees not in networked positions (Mod 4)

ASSOCIATED DOCUMENTS

1. Recruitment and Selection of Staff of the NSW Health Service: Module 1.
2. Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Staff Specialists and clinical academics: Module 2
3. Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Security Staff (Pre-Employment Screening): Module 3
4. Recruitment and Selection of Staff of the NSW Health Service – Additional Standards for Junior Medical Officer Annual Recruitment Campaign: Module 4.

**Recruitment and Selection of Staff of the NSW Health
Service**



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1 BACKGROUND

1.1 About this document

The standards outlined in Module One apply to the employment of all staff of the NSW Health Service, **except:**

- Casual employment, which refers to persons who may be employed on short term basis with no expectation of continued employment beyond the provision of the services required at the time*
- Temporary employment for a period not exceeding 13 weeks*
- Health Executive Service appointments; or
- Where the requirements in this Module differ to those contained in a relevant additional Module. If this is the case it will be noted at the relevant point in Module One.

*Casual and temporary staff must be assessed to ensure their suitability to perform the required duties and have their competence, qualifications and registration verified (see **Appendix 1.1 for mandatory standards**).

1.2 Relationship to other modules

As well as the requirements specified in Module One, certain professional groups have **additional or modified standards** that must be met when filling a position in that particular group. Before any recruitment and selection processes commence, additional Modules must be checked to determine whether further requirements exist for the position being filled. Where they do exist, the relevant standards in Module One and the additional Module must be met.

1.3 Legislative, industrial and policy framework

1.3.1 Relationship to industrial awards

When filling vacancies, the applicable industrial award or determination must also be considered. Should standards in this or another Module differ from the conditions set out in a particular award or determination, the award/determination conditions will take precedence.

Clause 53 (Reasonable Workloads for Nurses) of the *Public Health System Nurses' and Midwives (State) Award* requires the NSW public health system to allocate reasonable workloads to nurses. Recruitment processes must be undertaken in a manner that ensures ongoing compliance with that obligation.

All NSW Health awards and determinations are available on the Internet at <http://www.health.nsw.gov.au/jobs/conditions/index.asp>.

1.3.2 Relationship to other policies

As far as practicable all recruitment and selection related policy requirements have been incorporated into this Policy Directive. However a small number of other key, subject specific policies (as amended from time to time) will need to be considered alongside this Module, as identified below:

- [Aboriginal Workforce Strategic Framework 2011- 2015 \(PD2011_048\)](#)
- [Code of Conduct – NSW Health \(PD2012_018\)](#)
- [Employment Health Assessment \(PD2005_186\)](#)
- [Employment Screening Policy \(PD2008_029\)](#)
- [Injury Management and Return-to-Work Policy \(PD2011_054\)](#)
- [Locum Medical Officers - Employment and Management \(PD2011_063\)](#)
- [Managing Excess Staff of the NSW Health Service \(PD2012_021\)](#)
- [Medical Practitioners: Compliance with Registration Conditions \(PD2008_071\)](#)
- [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases \(PD2011_005\)](#)

- [Overseas Funded International Medical Graduates \(PD2009_011\)](#)
- [Panel of Overseas Recruitment Agencies \(PORA\) \(PD2009_024\)](#)
- [Service Check Register \(PD2009_004\)](#)

1.4 Definitions

Agency: for the purposes of this policy, all public health organisations, the Ambulance Service of NSW and all other bodies and organisations under the control and direction of the Minister for Health or the Director-General of Health (excluding the Ministry of Health).

NSW Health: for the purposes of this policy, all public health organisations, the Ambulance Service of NSW and all other bodies and organisations under the control and direction of the Minister for Health or the Director-General of Health (excluding the Ministry of Health).

2 RECRUITMENT AND SELECTION STANDARDS

2.1 Vacancy identified

All managers should be actively aware of the staffing situation and vacancies in the wards/units under their responsibility. **Appendix 1.2** must be followed in relation to the identification and management of vacancies. Vacancies that occur on a casual or temporary basis, eg due to staff leave, must be reviewed to determine workload and service provision implications and action taken to fill these vacancies where identified as necessary.

Where a pending vacancy is identified the appropriate action, by an appropriately delegated officer, should commence immediately taking into consideration the requirements of any relevant recruitment restrictions. To wait until a position is vacated unnecessarily delays the process, and, particularly in frontline positions, can negatively impact on other staff and have service delivery implications.

Appendix 1.3 sets out timeframes for the recruitment and selection process and includes strategies to speed up the process.

2.2 Review position documentation

All positions in the NSW Health Service must have an accurate, up-to-date position description that addresses, as a minimum, the following:

- Position title (to be used in the position description when referring to the job), remuneration and employment status
- Classification and grade
- Selection criteria (see section 2.2.1)
- Duties, responsibilities and accountabilities of the position
- Skills, knowledge and experience needed in the position
- Information about the facility, division and work area
- Organisation chart showing the position's relationship to other positions
- Physical, psychological and sensory demands of the job, and how they will be assessed
- Trade or professional qualifications that are a legal or award requirement for the position (see section 2.2.2); or any educational requirements of the position, for example, acceptance into a recognised training program
- Length of previous work experience required for the position (only if required by law or an industrial instrument)
- Professional registration, licensing or authority to practice requirements
- Vaccination category of the position, and mandatory vaccination requirements
- Identification as a designated or targeted position (if applicable) and notice of the relevant exception/exemption under the *Anti-Discrimination Act 1977*
- If required by the position, reference to an understanding of a particular community or cultural sensitivity
- Whether the position is child related employment or aged care related employment
- Information about mandatory criminal record checking.

2.2.1 Review selection criteria

Selection criteria are used to assess the suitability of all applicants for the position and must:

- Be clear and concise, and directly relate to the position
- Not be less favourable to a particular EEO group than to others
- Be limited to a maximum of eight
- Describe the essential requirements for the position only (not desirable requirements, eg a driver's licence should not be a requirement for a role that does not require travel and/or in which any required travel can also be done by other means)

- Outline the minimum skills, knowledge and experience required to perform the inherent requirements of the job
- Exclude skills that can be learned in a reasonable time on the job
- Only include qualifications where they are a legal or industrial requirement for the position or any educational requirements of the position, for example, acceptance into a recognised training program
- Only include minimum length of previous work in the profession where it is a legal or industrial requirement in relation to the position
- Specify any relevant mandatory professional registration, licence requirements, membership of state or national associations and/or authority to practice requirements for the position
- Specify any requirement for membership a particular EEO group for targeted or designated positions, or any requirement for an understanding of such a group
- Identify any mandatory physical, psychological or sensory requirements necessary to perform the inherent requirements of the job. (See the current NSW policy on employment health assessment for information on determining inherent job requirements.)
- Exclude any preference or availability to work in particular locations (any preference matching should take place after merit selection).

NSW public sector common selection criteria are no longer required to be included in selection criteria for NSW Health positions.

2.2.2 Requiring professional qualifications

Where a professional qualification would enhance the capacity of the applicant to undertake the duties of the position, but is not required by law or an industrial award, include the following: *A degree in a relevant field, or equivalent work experience, or a combination of study and work experience.*

If a manager wishes to include, as mandatory, a qualification in the selection criteria that is not required by law or industrial instrument, the Chief Executive or delegate must seek the approval of the Director, Workplace Relations, NSW Ministry of Health as the delegate of the Director-General.

2.3 Action prior to advertising

Prior to advertising vacancies, the following actions must take place, where applicable:

2.3.1 Redeployment

Any decision to redeploy an injured or displaced/excess staff member to a vacancy must be based on a fair and unbiased assessment of the candidate's individual circumstances and suitability for the position. Therefore, it is recommended that an assessment committee be established to interview the candidate(s). Any decision in relation to the redeployment of a staff member must be appropriately documented.

Injured staff

Where occupational illness or injury prevent a member of staff from returning to the duties of his/her existing position, workers compensation legislation requires that, as far as practicable, every effort is made to place the staff member into another more suitable position of similar grading, classification and remuneration.

Therefore, the possibility of placing such staff to vacant positions, either temporarily or permanently, should be explored prior to opening the position to competitive recruitment. NSW Health agencies must have a process in place to identify injured staff members suitable for redeployment.

A vacancy can be filled through redeployment of an injured staff member where:

- The staff member meets the selection criteria for the vacant position, or can demonstrate a capacity to meet the criteria within an agreed period, and, if necessary, supported by training, and
- The duties of the vacant position are consistent with medical opinion regarding suitable duties for the staff member, and with the requirements of the staff member's injury management plan.

For further information, see the current NSW Health policy on injury management and return-to-work.

Displaced/excess staff

In accordance with NSW Government and NSW Health policy, the NSW public health system must take any reasonable steps to assist displaced/excess staff to be redeployed into meaningful employment as soon as possible. The current NSW Health policy on managing displaced staff outlines the processes for this, including any provisions for priority of employment.

2.3.2 Eligibility lists

An eligibility list may apply not only to the position for which it was created, but also to other vacant positions that are substantially the same and have substantially the same selection criteria. This may include a particular classification of position experiencing recurring vacancies, if so determined by the Chief Executive or delegate.

Some industrial instruments contain provisions regarding the creation and use of eligibility lists.

Agencies do not have to use an eligibility list if it seems fairer or more appropriate to conduct a new selection process or take other action. Furthermore, prior to filling a position from an eligibility list, it must be confirmed that the selection criteria and inherent job requirements for the current position are not substantially different from those used at the time the eligibility list was created.

Offers of employment to individuals on an eligibility list must be made in the order in which the names appear on the list ie first offer to first name on the list.

Where a position is offered to someone on an eligibility list it must be ensured, prior to any offer of employment, that:

- All the mandatory employment screening and verifications have occurred, including referee checking and any necessary pre-employment health assessment
- Current confirmation is sought to determine that no significant conduct or performance issues exist
- Any mandatory license/registration/memberships are still current
- The inherent job demands of the position can still be met
- Any citizenship/working visa requirements are still current.

Refer also to section 2.14.2 which deals with the creation of eligibility lists.

2.4 Filling a vacancy without advertising

Subject to requirements of any other Modules, positions can be filled temporarily for over 13 weeks without advertising:

- In accordance with any relevant provisions of an applicable industrial award or
- As a temporary transfer or assignment in accordance with the provisions of the *Public Sector Employment and Management Act 2002* or
- With the approval of the Director-General, or where delegated, Chief Executive or delegate, in the following circumstances:
 - The period of employment does not exceed 12 months and
 - The position requires urgent filling to meet patient service delivery needs and
 - Funds are used efficiently
 - All relevant legislative and award provisions are met, and
 - The suitability of any candidate for the position to perform the required duties is assessed, and all mandatory employment checking actions, including referee checks and verification of registration, occur.

Positions can be filled permanently without advertising/re-advertising:

- As employer-sponsored permanent transfers in accordance with the provisions of the *Public Service Employment and Management Act 2002* or
- Where a casual staff member employed under the *Public Health System Nurses' and Midwives (State) Award* converts to permanent employment in accordance with the conditions set out in Clause 29 (Part time, Casual and Temporary Employees) of the Award** or
- Where a permanent part time staff member employed under the *Public Health System Nurses' and Midwives (State) Award* seeks to and has agreement to increase their contracted hours or convert to full time status as per Clause 29 (Part time, Casual and Temporary Employees) of the Award (any such request must be reviewed expeditiously) or
- With the approval of the Director-General, or where delegated, Chief Executive or delegate, in the following circumstances:
 - The position was advertised as a permanent position in the preceding six months and no suitable applicants found and
 - Position requirements (including selection criteria) are substantially unchanged and
 - Job market has not changed in the last six months and
 - There is a state or local shortage in the occupational grouping and
 - The position requires urgent filling to meet service delivery needs and
 - All relevant legislative and award provisions are met.
 - The suitability of any candidates for the position to perform the required duties is assessed, and all mandatory employment checking actions, including referee checks and verification of registration, occur.

***In accordance with the provisions in the Public Health System Nurses and Midwives (State) Award, where a casual employee seeks to convert their employment from casual to permanent employment, the phrase 'regular and systematic basis for a sequence of periods of employment' means work that has occurred within a NSW Health agency.*

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.4.1 Walk-in applicants

A walk-in applicant refers to a job applicant who contacts a facility for employment outside the normal recruitment process.

Where walk-in applicants possess skills and qualifications that are in urgent demand in that facility, and where the other conditions outlined above in 2.4 are also met, walk-in applicants may be considered for appointment without advertising the position. A walk-in applicant must still provide all relevant required declarations, documentation and forms to allow for a proper assessment of their suitability for the position in line with this policy.

Facilities may also consider running ongoing advertisements to facilitate walk-in applicants for positions in high demand. Refer to section 2.5 for further information about such advertisement.

Where a walk-in applicant presents, they must be provided with the outcome as soon as possible (eg for nursing staff within five working days).

2.5 Advertising requirements

When advertising positions, it must be ensured that:

- Any current instructions from the Director-General regarding advertising are met
- Any Award specific requirements are met
- Any specific legislative requirements are met eg security industry legislative requirements etc

- Positions are advertised in a cost effective manner, while still containing enough information to attract and inform the field of potential applicants
- The advertising scope and media is relevant to and appropriate for the position being advertised
- Positions advertised across the NSW public health system or beyond are placed onto the electronic system (HealthJobs), along with the position information package
- Consideration is given to whether the field of potential applicants can be reached by online advertising, or whether a brief reference to vacant positions should also appear in the appropriate print media referring potential applicants to additional information
- Contact details for further information and a closing date are included.

Rolling or ongoing advertisements may be considered for positions in high demand (eg nursing, medical staff). They allow for the speedy consideration of applications (eg walk-in applicants) in situations where positions need to be urgently filled, while not compromising the principles of merit and equity. Such advertisements need not have a closing date, but their ongoing need, including the ongoing relevance of the selection criteria, used must be reviewed regularly.

As a general rule, if the position has a salary equivalent to or higher than Health Manager Level 4, and if it is to be filled permanently or temporarily for 12 months or more, it is to be advertised across the NSW public health system as a minimum, unless this is in conflict with any related directions from the Director-General.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.6 Position information package

As well as the information listed in section 2.2 of this Module, potential applicants must also be advised of the following:

- Applicable award, salary range, terms and conditions of employment
- Where the position is physically located, and any rotation requirements
- The need to nominate two referees, one of whom must be a current supervisor/manager
- The need to address the selection criteria, and include an up to date curriculum vitae of employment history covering the last 10 years* (*for health care and other professional positions)
- That a NSW Health internal service check, using the NSW Health Service Check Register, will be conducted on all preferred applicants
- That National Criminal Record Checking or a Working With Children Check will be conducted on all preferred applicants
- The application form to be used or advice on using the eRecruitment system
- The supporting information that will be required to be uploaded into the eRecruitment system as part of the application (eg copy of qualifications, visa). Note: originals will also be required where the applicant is selected for interview.
- An address for forwarding applications and closing date for applications, where not submitting an application via the eRecruitment system
- Contact details for further information
- That it is an offence under the *Child Protection (Prohibited Employment) Act 1998* for a person convicted of a serious sex offence to apply for a child related position.
- The information that will be required to be uploaded onto the eRecruitment system as part of the application eg Health Declaration or brought to an interview eg proof of identity.

The information package must also include a copy of, or a link to:

- The NSW Health Code of Conduct
- The Occupational Assessment, Screening and Vaccinations Against Specified Infectious Diseases Policy Directive
- Standard Employment Checking Consent Form for relevant employment checks
- Health Declaration Form

- Applicant Declaration and Employment Screening Consent for Child Related Employment (child related employment) or
- National Criminal Record Consent Form (for aged care and non child related employment)
- 100 Point Identification Form.

For NSW Health agencies who have not transitioned to eRecruitment, copies of forms can be sourced from the agency's website links to Health Support Services.

For staff specialist positions refer to the additional standards outlined in Module Two.

2.7 Approval to engage recruitment companies

Recruitment companies may be used to fill any medical positions. They can also be used for other positions where prior state wide arrangements (eg Panel of Overseas Recruitment Agencies) have been approved and formally communicated to NSW Health agencies. If there is any doubt as to whether any pre-approved state wide arrangements exist, advice must be sought from Workplace Relations Branch, NSW Ministry of Health, prior to engaging the services of a recruitment consultant.

Otherwise the use of recruitment or executive search companies to manage recruitment activity is restricted, and any dealings with a recruitment company that is likely to incur a cost require prior approval. Approval may be granted where standard recruitment action has been unsuccessful. For advice on the process of applying for approval, NSW Health agencies should contact the Ministry of Health's Workplace Relations Branch. Applications submitted by a recruitment company, on behalf of an applicant, are not allowable in any other circumstances.

Approval will only be considered where every effort has been made to fill the position through the usual avenues, without success.

2.8 Application management

All applicants must:

- Have their application dated on receipt (this can be electronic dating)
- Receive an acknowledgement of receipt of their application (can be an automated email)
- Be advised if the selection process has been delayed or is not to go ahead.

A grace period of 24 hours must be provided where there are unforeseen or unavoidable delays in mail, fax or email eg server down etc.

Where the convenor is considering whether to accept late applications, beyond 24 hours, the criteria listed in **Appendix 1.4** should be applied. Late applications should not be accepted after interviews have started, except in the most exceptional cases.

Any decisions around accepting late applications must be fairly applied to all late applications and reasons in support of any decision must be clearly documented in the selection papers.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.9 Selection process

It is expected that the usual selection process for employment in the NSW Health Service will include establishing a selection panel. The role of the selection panel is to:

- Consider written applications to determine which applicants should progress through the selection process
- Further assess applicants' suitability, including via an interview process
- Conduct (or ensure conduct of) all necessary verifications and
- Make a recommendation to the duly delegated decision maker or other body where appropriate.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.9.1 Selection panel composition

The composition of the panel will vary depending on the scope and nature of the position to be filled.

However, unless otherwise specified in any additional Module, the following minimum requirements must be met:

- The size and membership of the panel should ensure that the selection process can be properly performed and that different perspectives are brought to the selection process. As the minimum, the panel must have two members, one of whom is the designated convenor
- There is at least one male and one female
- The convenor must have completed recruitment and selection training or refresher training in the last 3 years to ensure an understanding of NSW Health policy
- One member must be 'independent'
- Panel members should, as far as practicable, hold positions that are more senior than the position being filled
- Designated positions are appropriately represented (eg the panel includes an Aboriginal person for a designated Aboriginal position)
- Where the position or the background of the applicants requires an understanding of a particular community or EEO group, the membership of the panel reflects this
- Any conflict of interest must be declared and managed/discharged as necessary and documented. Options may include:
 - Adding an additional panel member as a safeguard eg two independents
 - Limiting the contribution of the panel member eg contribute to discussion only as a subject expert, but not take part in decision-making or
 - Replacing the panel member
- At least one member of the panel should have enough knowledge of the position requirements to be able to effectively assess applications
- The position description, advertisement, selection criteria and all applications and assessment information must be available to all panel members
- Any position-specific NSW Health, legal or industrial requirements are met eg a Ministry representative on selection panels for Internal Audit Manager positions
- Where, as a predetermined structured program, the successful applicant could be placed in, or will rotate between, a number of facilities/organisations, these facilities/organisations are represented on the panel. (Note that facilities can be delegated to represent other facilities.)

It is recommended that Chief Executives or delegate consider including appropriate additional expertise on the selection panel where:

- Positions manage areas of significant risk
- Positions require a high degree of technical or professional competence
- Appointments have proved contentious in the past
- The selection process recommenced as a result of complaints about the original process.

It should be noted that there is no impediment to a selection panel member acting as referee for an applicant, and sometimes this is unavoidable eg when they are an applicant's current supervisor. However, selection panel members should declare this workplace relationship as soon as they become aware that they are a nominated referee for one of the applicants.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.9.2 Role of the convenor

The convenor is responsible for ensuring that:

- All relevant NSW Health standards are met during the selection process, as specified in this and any other relevant Module, including establishing an appropriate selection panel, ensuring the relevant checking and vetting occurs (refer to **Appendix 1.5** Convenor's Checklist), and resolving any conflicts of interest appropriately
- All relevant material is considered in making a recommendation.

For staff specialist positions refer to the additional standards outlined in Module Two.

2.9.3 Role of the independent

The independent panel member is responsible for ensuring that the selection process is fair, and that decisions are based solely on the available material. Therefore, they must have no direct interest in the outcome of the selection process, be from either a different administrative branch or business unit or NSW Health agency or external to the NSW public health system, and be unlikely to be unduly influenced by other panel members.

All panel members are required to declare any real or potential conflict of interest as soon as they become aware of it eg close personal relationship or previous workplace conflict with an applicant.

2.9.4 Conducting the cull

When culling applications, the following requirements must be met:

- All panel members have access to all applicants' entire application and any supporting documentation and the selection criteria and position description
- Information must be assessed in a fair and consistent manner, with a common understanding of the standard required of applicants
- Applications are culled based on selection criteria only (for multiple applications, further comparative culling can occur against selection criteria)
- The reasons for culling an application are documented
- All panel members must agree on the applicants to be culled (where agreement can't be reached a minority report must be made to the decision maker prior to the recruitment process continuing).

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.9.5 Further assessment of applicants

Once the cull has been completed, assessment methods to determine who, of the remaining applicants, is the most suitable for the position will vary depending on the nature and level of the position, and may include:

- Work samples or tests eg word processing, literacy and numeracy tests
- Presentation by applicant or group exercises
- Assessment by specialist groups.

In some limited circumstances psychological/psychometric testing has been approved as one part of the assessment process. *For security positions refer to the additional standards outlined in Module Three.*

It is expected that the assessment process would include an interview involving direct contact with the applicant, either face to face or via phone or any other videoconferencing medium. Face to face or videoconference interviewing should be used as the preferred approach, wherever possible, as they allow for visual identification of the applicant who is providing responses to the selection panel's questions.

Where telephone interviews occur all mandatory sighting of original documentation must occur prior to the preferred applicant commencing work.

Any assessment method must:

- Be specifically targeted to the selection criteria
- Not unfairly disadvantage applicants with a disability or from a particular cultural or community group
- Consider 'reasonable adjustment' where necessary
- Be applied in a flexible manner.

Applicants to be assessed must be:

- Provided with information about the assessment method/s and approximately how long they will take
- Be given at least three days' notice, unless it is mutually convenient to schedule the assessment/s sooner
- Advised of the names and titles of the selection panel
- Advised what documentation they are required to bring to interview.

For staff specialist positions refer to the additional standards outlined in Module Two.

2.9.6 The interview process

While it would be the usual practice that all selection panel members take part in the interview process, this may not always be practicable. At a minimum, there must always be two persons conducting any interview, unless otherwise specified in any additional Module (*for staff specialist and clinical academic positions refer to the additional standards outlined in Module Two and for junior medical officer annual recruitment campaigns refer to Module Four*).

Interview questions must be clear, unambiguous and directly related to the selection criteria. A common set of initial questions should be asked of all applicants. Follow-up questions exploring issues raised by the applicant or eliciting further information are appropriate. Follow-up questions should not unfairly lead an applicant to provide the answer the panel is seeking.

The task of the selection panel is not to determine which applicant does best at interview, but rather use the interview process as a guide to identifying who is the most meritorious applicant.

2.9.6.1 Sight/collect or record details of mandatory documentation

Original mandatory documentation must be sighted and details recorded at interview (see **Appendix 1.5** Convenors checklist) for the following:

- Documentation necessary to support the 100 point ID check (the 100 Point ID Check Form must be fully completed by the person sighting the documentation – see **Appendix 1.6**)
- Citizenship/residency or working visa status (the details must be recorded on the 100 point ID Check Form – see **Appendix 1.6**).

The original documentation must be sighted and copied at interview (see **Appendix 1.5** Convenors Checklist) for the following:

- Evidence of current professional registration/licence status, or eligibility for membership of the relevant state or national professional association. Current professional registration/licence status must also be confirmed directly with the registering/licensing authority
- Proof of any educational, trade or professional qualifications or any educational requirements for the position ie acceptance into a recognised training program, listed as selection criteria (note: it is not necessary to sight qualifications used to gain registration, as this role is undertaken by the registering authority).
- Evidence of length of experience, where listed as a selection criterion
- Acceptable evidence of the required immunisation status eg New Recruit Undertaking/Declaration and TB Assessment, Vaccination Record Card or Certificate of Compliance (for JMO Annual Recruitment Campaign details must be recorded on the form, rather than copies taken)

- For targeted positions, evidence of relevant characteristics eg confirmation of Aboriginality etc

Original documents only must be copied and copies certified by the person sighting the originals on behalf of the NSW Health agency. Where there are multiple interviews, it may be more practical to sight originals to confirm eligibility of the applicant for the position, but defer copying and certifying until preferred applicants are determined. However, the above activities must take place prior to any recommendation to appoint an applicant to a position.

Where originals of tertiary qualifications (professional, academic or vocational) are unavailable, academic transcripts certified by the educational institution and including a statement that all requirements of the relevant course have been met, may be acceptable.

For overseas qualifications in a language other than English, where the original qualification is not available, the applicant must be asked to provide a transcript translated into English by an officially accepted state or commonwealth body, and certified as such (see www.crc.nsw.gov.au or www.immi.gov.au).

For other documentation eg memberships etc where the original is not readily available, certified copies may be considered.

Where an applicant's work history contains blank periods, these should be explored further with the applicant. Supporting documentation may be required in some instances and any issues should be followed up in referee checks.

The following documentation from applicants must also be collected at interview (if not already provided via the declarations in the eRecruitment system):

- Signed National Criminal Record Consent Form **or** Applicant Declaration and Employment Screening Consent for Child Related Employment form
- Signed health declaration form (note that while the health declaration form may be collected at interview it must only be considered once an applicant is being offered the position.)
- Signed Standard Consent for Employment Related Checks
- Signed Authority to Prescribe, Supply, Dispense or Administer Drugs of Addiction form (where required).

It should also be confirmed with applicants that they have been given access to the *NSW Health Code of Conduct*, and applicants should be advised that any offer of employment in the NSW Health Service is conditional on their agreement in writing to abide by the provisions in this *Code of Conduct*.

See also section 2.11 of this Module which relates to verifying information.

2.9.6.2 Confirm referee details

Details of two referees, one of whom is to include a current supervisor/manager must also be confirmed at interview.

There will be circumstances where provision of a current supervisor/manager may not be possible, such as where the applicant:

- Is a first time entry to the workforce
- Is currently unemployed
- Is returning to the workforce after a considerable break.

In such circumstances, the selection panel will need to be flexible in determining the appropriateness of nominated referees.

Where an applicant refuses to nominate a current supervisor/manager, even though there is one, or contact is not able to be made with the current supervisor, the applicant must not be automatically excluded from the application process. However, the panel needs to be satisfied that, in the absence of a reference check with the current supervisor/manager, it is still able to access enough relevant, up-to-date information to assess whether the applicant is the most appropriate person for the position.

Therefore the applicant must be:

- Advised that the purpose of a referee check with a current supervisor/manager is to help verify current information relevant to their claim to the position, and any relevant conduct or performance issues
- Advised that because of this, a referee check with the current supervisor/manager is NSW Health policy
- Given the opportunity to discuss reasons with the panel for the refusal.

Depending on the circumstances, the selection panel may decide to give the applicant the opportunity to provide alternative referee/s eg a past supervisor/manager. However, the applicant must be advised that if referees are unable to provide up to date advice about key claims to the position and about recent past conduct and performance, the application should not be assessed further.

2.9.6.3 NSW Health internal service check

An internal service check via the NSW Health Service Check Register, will be conducted prior to any offer of employment (see **Appendix 1.5** Convenors Checklist). The check is to determine whether the preferred applicant has recent disciplinary history or is subject to current workplace restrictions within NSW Health, because of a serious disciplinary matter, and to consider whether these matters are significant in context of the current selection process.

Any such disciplinary history does not necessarily exclude applicants from the selection process, but does need to be considered from a risk management perspective. Interviewees may choose to volunteer such history themselves at interview, which will allow the panel to discuss these issues further.

See NSW Health policy on the NSW Health Service Check Register for further information

2.10 Determine preferred applicants

When the assessment process has been completed, the panel must analyse all resulting information and identify preferred applicant(s) for the position, including an eligibility list if applicable. It is usually at this point that any outstanding verification activities are completed and referee checks are conducted. Once these have been successfully completed, the relevant criminal record checking should take place.

For staff specialist positions refer to the additional standards outlined in Module Two.

2.11 Verify information

Appendix 1.5 provides a checklist of all the mandatory actions required to be undertaken, including referee checks and verifying registration/licence, prior to the selection panel making a recommendation to a decision maker to appoint the preferred applicant to the position.

Evidence that all relevant checks took place, and any findings of significance, must form part of the selection documentation.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.12 Conduct referee checks

At least two referee checks must be conducted on the preferred applicant(s) prior to any offer of a position, except where:

- This requirement differs from that in any relevant additional module, **or**
- The selection panel has been able to satisfy itself through a single referee check that the preferred applicant is the most appropriate to the position **and**
- The position is unskilled **and**

- The position has a low risk potential **and**
- All other verifications have taken place.

The purpose of referee checks is to confirm the claims made by the applicant, as they relate to the selection criteria, explore any particular issues arising from the interview or assessment process and provide information about the previous employment history of an applicant. For this reason it is not advisable to seek referee reports prior to interviewing an applicant.

Additional referee checks may be necessary where the selection panel is not fully satisfied with the results of the two minimum checks, or they wish to explore additional issues. In these circumstances applicants must be asked to provide details of additional referees.

The person conducting the referee checks must have a good understanding of what information is required and be competent in exploring issues further, including clinical issues where relevant, and interpreting responses.

In instances where agencies from the *Panel of Overseas Recruitment Agencies (PORA)* are being used, NSW Health agencies are required to review the referee reports prepared by the PORA agency, and make direct contact with the referee to confirm their identity and relationship to the applicant, and further explore any matters arising from the information contained in the referee report, where necessary.

All referee checks must be conducted in a structured manner, based on a set of questions prepared by the selection panel seeking specific information about:

- The current knowledge, skills, competence and experience of the applicant as they related to the selection criteria
- Any other significant claims made by the applicant in relation to the position
- Recent past performance, professional conduct and attendance record of the applicant
- Issues or concerns related to the skills, competence and experience identified during the application or interview process.

See **Appendix 1.7** for mandatory minimum requirements when conducting referee checks.

All referees must be advised that information obtained from them, when incorporated into the selection committee report, may form part of the feedback provided to unsuccessful applicants.

The panel may conduct any other appropriate enquiries about the applicant in order to inform their decision making about an applicant, including with any NSW Health agency where the applicant currently holds employment. These other enquiries must be documented.

Where the relevant information is unable to be confirmed via referee checks, the application should not be considered further.

In view of the above and the cost involved in conducting working with children/national criminal record checks, the request for these checks should not occur prior to the conclusion of satisfactory referee checking and any other enquiries.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.12.1 Referee checks

As far as practical, all referee checks are to be conducted orally with each referee. Responses to each question must be recorded in writing and maintained with the selection papers, along with full name of the referee, contact details, position and relationship to the applicant.

2.12.2 Written referee checks

Written (including electronic) references are only to be accepted under the following circumstances:

- Due to time differences and/or work commitments, detailed phone referee checks are proving difficult to arrange with the referee/s, or if the person conducting the referee check is having difficulty

understanding responses to the questions because English is not the first language of the referee
and

- Direct, verbal contact has been made with the referee, their identity has been confirmed, and their relationship to the applicant has been confirmed.

Reference questions may then be emailed to the referee, with the advice that they need to be completed with appropriate detail, and be returned to the person responsible for the referee checks within an agreed time. Responses must be considered prior to any offer of employment, and must be retained in full with the selection papers.

2.13 Assessing information

The outcomes of a check against the Service Check Register, any required criminal record checks, checks of registration status with registering authorities and checks with the Health Care Complaints Commission and referee and any other past performance checks must be assessed and any appropriate risk management action, as required by the relevant policies, taken prior to a formal job offer.

Where a Service Check Register check identifies that the applicant has been previously terminated from a role in the NSW Health Service, the applicant must be given an opportunity to provide a submission stating why they should now be re-employed in the NSW Health Service. Any such submission must be considered as part of the risk assessment arising from the Service Check Register record. For further information, see the current NSW Health policy on [Service Check Register](#).

The current NSW Health [employment screening](#) policy must also be consulted for re-screening requirements for existing staff upon transfer, secondment or promotion.

Where the registration status includes conditions, these must be assessed to determine the ability of health practitioner to undertake the duties of the position, and the ability of the NSW Health agency to accommodate the conditions (eg provide the necessary supervision etc). Where a health practitioner is going to rotate across facilities, each individual facility needs to be aware of the health practitioner's conditions and the facility's capacity to accommodate them. Any conditions must be documented and compliance monitored. In relation to medical practitioners, see also the current NSW Health policy on [medical practitioners' compliance with registration conditions](#).

When checking for any history of complaints against an applicant or any professional performance issues with the Health Care Complaints Commission (HCCC) or the registration authority, information should be sought on whether there is any pending disciplinary action involving the applicant and the outcomes of any formal disciplinary investigations.

Where the applicant has previous substantiated allegations, or disciplinary action is pending, a risk assessment should be conducted to determine if there is an unacceptable risk for the NSW Health agency in employing the applicant.

Where a risk assessment determines that the risk posed to the agency is significant this information must be used as part of the decision making process for the selection committee. The documented risk assessment must also be provided to the decision maker.

Where required by the position, and if not already conducted, the relevant health assessment of the preferred applicant must also be conducted prior to a formal offer. Priority for health assessments should be given to frontline positions. If the health assessment finds that a preferred applicant does not meet the inherent job requirements of the position because of disability/impairment, consideration must be given to whether a reasonable adjustment can be made to the position to allow the applicant to carry out its inherent requirements.

It is contrary to NSW anti-discrimination legislation to check general health or exclude applicants on the basis of their health, or illness or disability not relevant to the demands of the job.

2.14 Make recommendations

Once all necessary verification activities and referee checks have been completed and the claims for the position of the preferred applicant(s) confirmed, the selection panel must make a recommendation to the Chief Executive or properly delegated decision maker on the preferred applicant(s) for employment, and on any eligibility list created.

The recommendation must be provided to the decision maker formally in writing, along with the full application, written referee reports and documentary evidence that all necessary checks have taken place. The recommendation must include confirmation that the selection process was undertaken in line with the mandatory requirements of NSW Health policy, or clearly provide information on exceptions. The decision maker should also have access to all other applications.

This documentation should be in a form that allows for review by a third party, if necessary, in the event of a dispute.

For staff specialist positions refer to the additional standards outlined in Module Two.

2.14.1 Recommended applicant

The selection panel must recommend the applicant who is considered the most suitable person for the job, based on a comparative assessment of applicants' abilities, knowledge, skills, experience, and qualifications (where required) against the selection criteria, and past professional conduct and performance, as supported by documented material, written results of referee checks and outcomes of child related employment/criminal record checks.

2.14.2 Eligibility list

The creation of eligibility lists is part of the selection process for positions in the NSW Health Service, particularly frontline and other positions which have proved difficult to fill, and positions where there is a high turnover or where there is a high demand for a particular occupational group. Any eligibility list is to be submitted for approval as part of the recommendation.

Where an eligibility list is created, other suitable applicants must be ranked in order of merit. Not all suitable applicants have to be included in the eligibility list. Eligibility lists are current for up to 12 months, unless otherwise provided by the relevant award. Also see section 2.3.2.

2.14.3 Australian citizenship/ residency considerations

To be eligible for permanent appointment to a position in NSW Health, an applicant must have Australian citizenship or permanent Australian residency.

Therefore, where a position is to be filled on a permanent basis, applicants must provide proof of either Australian citizenship or permanent Australian residency before an offer of permanent employment is made.

New Zealand citizens are considered to have a permanent resident status for the purposes of employment with NSW Health. When they enter Australia, they are generally granted a Special Category Visa (SCV) upon arrival, which allows them to remain and work in Australia as long as they remain New Zealand citizens. As evidence of having been granted an SCV, their New Zealand citizens' passports are stamped, showing the date of arrival in Australia.

All other people entering from New Zealand or any other country require passports and appropriate visas and entry permits.

A person who is not an Australian citizen or a permanent resident is only eligible for temporary employment for a period not longer than the duration of their current visa. The letter of offer of employment to such an applicant must specify that it is on a temporary basis and not guaranteed beyond the specified end date, notwithstanding that the successful applicant's visa may be for a longer time period.

Employer sponsored visa programs, such as subclass 457 visas, aim to fill shortages that cannot be filled from the local labour market. The employment of a subclass 457 visa holder can only occur if there is no local suitable applicant.

During an official NSW Health recruitment campaign for clinical staff, a conditional offer of employment to a suitable overseas applicant may be made prior to their securing permanent residency where:

- An offer of employment is required for them to apply for permanent residency and
- It has already been established that there is no suitable local applicant and
- There is an urgent need to fill these frontline positions.

Residency status must be checked and confirmed prior to the person commencing permanent employment within NSW Health. Where permanent residency has not been granted the offer of employment must be withdrawn, in line with the provisions contained in the conditional offer.

2.14.4 Alternative and minority reports

If a selection panel is unable to reach a unanimous decision, the panel member/s in disagreement should prepare an alternative report (two member panels) or a minority report (more than two member panels) detailing areas of disagreement and provide an alternative recommendation, where appropriate. The alternative or minority report is to be submitted to the decision maker along with the panel's final report.

2.15 Preference matching in annual recruitment campaigns (bulk recruitment)

In centralised bulk recruitment, where successful applicants need to be placed into positions that may be available across a NSW Health agency, or across the entire NSW public health system, any matching of preferences with available positions must take place **after** the merit selection process has been completed. Preferences are not to be used for culling or selecting applicants, as they do not relate to the applicants' ability to do the job, but to their preferred job location.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.16 Approval to appoint

All recommendations to appoint the preferred applicant(s) require approval from an appropriately delegated decision maker. Such delegations should be made to the lowest possible operational level, as long as the decision maker meets the following criteria:

- They hold a position higher than the position being filled and
- There is no conflict of interest in their role as the decision maker.

The convenor of the selection panel may also be the delegated decision maker. In some instances, even where the above considerations have been met, the decision to appoint may have to be escalated to a higher level, eg where appointments to the position have proved contentious in the past, the position is high profile, or the selection process has recommenced as a result of a complaint about the original process.

Prior to approving the recommendation, the decision maker must be satisfied that all necessary selection checks have taken place, and that the recommended applicant is an appropriate person to be offered the position. It is not sufficient for the decision maker to approve the employment of an applicant simply because it has been recommended.

When employing staff specialists the Critical Actions Compliance Checklist must be completed. Refer to **Appendix 2.1** in Module Two.

If the decision maker overturns the selection recommendation, this must be documented in a manner that clearly explains the decision making process, and that can be reviewed and defended in the event of a complaint.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.17 Make the formal job offer

Once all mandatory standards in this and any other relevant Module have been met and the employment of the preferred applicant(s) has been approved by an appropriately delegated officer, a formal offer of employment may be made to the successful applicant(s). *For staff specialist positions refer to the additional standards outlined in Module Two. For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.*

If the results of any criminal record check are delayed, a provisional offer may be made in the first instance, subject to satisfactory employment screening policy requirements.

2.17.1 Employment documentation

The successful applicant should have been given sufficient information about the terms and conditions of their employment as part of the selection process. If this has not yet occurred, the information must be provided, in writing, with the offer of employment, and the applicant advised that the offer is subject to his or her agreement to abide by these terms and conditions, including the requirement to comply with the NSW Health Code of Conduct.

In addition, the information identified in **Appendix 1.8** must, as a minimum, be included in the offer of employment. Where a standard letter of employment template exists (available in the eRecruitment system), this must be used. The successful applicant must be asked to accept the offer and the related conditions in writing prior to commencing duty. The successful applicant must not make any alterations to the letter of offer. Any purported amendments or variations to a signed letter of offer will not be accepted and are of no effect.

Care must be taken in preparing letters of employment to ensure that any arrangements which do not form part of the ongoing terms and conditions of employment are either not referred to in the letter, or are mentioned in a way which makes it clear that they are not regarded as on-going entitlements eg material about the provision of motor vehicles or managerial allowances. Particular care should be taken to avoid giving commitments about the on-going provision of a private use motor vehicle.

Where employment is contingent on visa requirements this should be reflected in the letter of employment.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.17.2 Where an offer is declined

Where the successful candidate declines the offer, employment screening must be initiated for the next ranked applicant on the eligibility list, and any outstanding remaining actions from section 2.11 of this Module onwards will need to be conducted.

For staff specialist positions refer to the additional standards outlined in Module Two.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.18 Meeting visa requirements

Where the recommended applicant is not already an Australian citizen or permanent resident, they will need an appropriate working visa to work in Australia. In some cases, sponsorship by an Australian organisation is a requirement for such a visa. NSW Health agencies should check for any specific requirements with the Department of Immigration and Citizenship. Also see section 2.14.3 of this Module.

For further information, see Department of Immigration at www.immi.gov.au

2.19 Advise unsuccessful applicants

Once the successful applicant has accepted the offer of employment, all other applicants must be advised in writing that their application was not successful, and contact details provided (usually the convenor) if they wish to seek feedback on why their application was unsuccessful.

A decision may be made to advise, at an earlier stage, applicants who did not meet the selection criteria that their application is not moving on to the next stage of the recruitment process.

If an applicant is placed on an eligibility list, the letter must include this advice, along with the period of time that the eligibility list will remain current (usually 12 months from date of employment) and information about the positions covered by the list.

2.20 Post-selection feedback

If an unsuccessful applicant requests feedback on their application, such feedback must be provided, usually by the convenor of the selection panel, and a record of the feedback kept with the selection papers. Agencies may consider providing brief feedback to applicants in their unsuccessful letters, particularly if a large volume of requests is likely and it is not practical to provide direct feedback.

Feedback must:

- Take account of relevant information used to make a decision about the applicant, from all stages of the selection process eg written application, interview performance, any assessments, referee feedback etc
- Be provided in a constructive and useful way.

Constructive and useful feedback supports good relations with potentially successful future candidates, and can minimise the likelihood of complaints.

2.21 Publish permanent appointments

Unsuccessful applicants are entitled to be informed of the identity of the successful applicant, once the offer has been accepted. Therefore permanent appointment/s should be published on the agency's intranet site within 14 days of acceptance of the offer of employment. This is considered the easiest way to provide access to this information. Unsuccessful applicants who do not have access to the relevant intranet (ie external applicants) are still entitled to be informed of the identity of the appointee usually on request to the convenor or by including this information in the letter sent to unsuccessful applicants.

For the Junior Medical Officer Annual Recruitment Campaign refer to additional standards outlined in Module Four.

2.22 Documentation and retention of records

All recruitment and selection related records must be retained (either in paper form or electronically) in line with the requirements of **Appendix 1.9**. Particular note must be given to the requirement in **Appendix 1.9** that copies of certain documentation flowing from the recruitment and selection process must also be placed on the successful applicant's personnel file.

In accordance with the *Privacy and Personal Information Protection Act 1998*, all selection documentation related to personal information about the job applicants must be treated confidentially both by the selection committee and other staff involved in managing the recruitment and selection process. All related documentation must be stored securely.

2.23 Information requests

Applicants are entitled to seek access to selection committee documentation related to them under the *Government Information (Public Access) Act 2009 (GIPA)*.

The NSW public health system may refuse access to such documents, where they are exempt under the GIPA, but this will depend on a number of factors, and must be determined on a case by case basis and in consultation with the GIPA officer. Effective feedback to unsuccessful applicants may reduce the number of GIPA requests for selection documentation.

2.24 Complaints managements

Unsuccessful applicants must have access to the identity of the successful applicant, and, depending on the circumstances, may have a right to seek an internal review of the decision not to employ under a number of NSW Health policies.

2.24.1 Internal review

All complaints about the selection process should:

- Be lodged in writing within 14 days of the date they were advised of the successful applicant
- Clearly articulate specific concerns in relation to the recruitment and/or selection process
- Be considered, and initially assessed by someone independent to the selection process in question.

Where there is credible evidence to suggest that the standards outlined in NSW Health policy may not have been followed, a more detailed review may be conducted.

A selection panel's recommendations should only be overturned if any procedural flaws are such as to call into question the substantive validity of the recommendation.

In the event that a change in the recommended applicant occurs, any outstanding actions required by this or any other relevant Module will need to be completed prior to the new offer of employment.

2.25 Commencing work

Once appointed, the appointee should commence work as soon as practicable within an agreed timeframe. In certain emergency situations, provisional commencement of employment may occur prior to finalisation of the criminal record checking process, provided the relevant provisions in the NSW Health employment screening policy have been met.

Where a conditional offer was made prior to the applicant securing permanent residency (eg overseas recruitment campaigns for nurses), residency status must be checked and confirmed prior to the person commencing permanent employment within NSW Health.

Commencing frontline positions should not be delayed purely because there are no vacancies in the relevant Orientation Program, unless attendance is considered absolutely necessary.

Any changes to the duties of a position need to be reflected in an amended position description which is signed by the incumbent and placed on the relevant personnel file.

2.26 Process summary

A checklist, summarising the recruitment and selection process, is at **Appendix 1.10**.

3 APPENDICES

Module One is supported by a number of **Appendices** as follows:

Appendix Number	Title and link
Appendix 1.1	<i>Critical actions for casual or temporary employment under 13 weeks</i>
Appendix 1.2	<i>Managing vacancies</i>
Appendix 1.3	<i>Timeframe for standard recruitment and selection processes</i>
Appendix 1.4	<i>Late applications – considerations when deciding whether to accept</i>
Appendix 1.5	<i>Convenor’s checklist</i>
Appendix 1.6	<i>100 Point Identity Check Form</i>
Appendix 1.7	<i>Reference checks</i>
Appendix 1.8	<i>Template letter of offer</i>
Appendix 1.9	<i>Retention of recruitment and selection records</i>
Appendix 1.10	<i>Recruitment checklist</i>

4 ADDITIONAL MODULES

As well as the minimum standards specified in Module One, certain employment groups have additional standards that must also be met when filling a position in that particular group. Where a particular group requires additional standards, these standards are contained in correspondingly titled additional Modules, which are listed below. Before any recruitment and selection processes commence, this list must be checked to determine whether further requirements exist for the position being filled. Where they do exist, the standards in both Module One and the additional Module must be met.

Module Number	Title and link
Module 2	Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Staff Specialists and Clinical Academics.
Module 3	Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Security Staff (pre-employment screening).
Module 4	Recruitment and Selection of Staff of the NSW Health Service – Additional Standards for Junior Medical Officer Annual Recruitment Campaign.

Additional Modules may be added to this list from time to time.

Appendix 1.1

Critical actions for casual or temporary employment under 13 weeks

While the recruitment and selection processes contained in Module One do not generally apply to casual or temporary vacancies or employment under 13 weeks it is still essential to ensure that positions which require filling are identified and action taken to fill them commenced.

Potential appointees to casual or temporary positions must be able to perform the duties of the position, and be a fit and proper person to be offered the position.

The following actions must occur when a short term vacancy is identified:

- Managers undertake and document an assessment to determine whether the position needs to be filled. Factors to be considered include service provision requirements and the impact on the workload of other staff.

The following critical actions must be conducted, and documented, prior to the offer of any casual or temporary employment:

- Review position information to ensure it is still current and can be used as an accurate basis for the assessment of suitability of potential appointees
- Review options for filling the position, eg temporary redeployment of injured and/or displaced employees, developmental opportunities for existing staff, agency staff etc
- Request and assess information from potential candidate(s) against position information to ensure their suitability to undertake the duties of the position
- Undertake referee checking, including with a current supervisor
- Conduct internal service check (via Service Check Register)
- Ensure all required evidence has been sighted and where required copied or details recorded, as outlined in Module One (eg 100 point identity, citizenship or residency status, immunisation status, professional qualifications, medical indemnity etc) as required for the position, and that any professional licence or registration status has been confirmed directly with the registration/licensing authority
- Collect mandatory declarations and signed consent forms eg Applicant Declaration and Employment Screening Consent for Child Related Employment **or** National Criminal Record Check etc and initiate checks, as appropriate
- Assess outcome of any verification/employment screening and initiate action as appropriate
- Make the job offer
- If accepted, make sure that all recruitment and selection documentation is retained.

For staff specialist and clinical academic positions, ensure that the required sections of the Critical Actions Compliance Declaration are completed (**Appendix 2.1 of Module Two**)

For locum medical officers see [PD2011_063 Locum Medical Officers – Employment and Management](#).

Appendix 1.2

Identifying and managing vacancies

All managers in facilities, or of community and community mental health services, should be fully aware of the staffing situation and vacancies in wards, units etc under their responsibility.

This includes notification of:

- Impending transfers, both in and out;
- Resignations and terminations upon receipt; and
- Positions held for appointees who have been appointed but are yet to commence duties in the ward/unit etc.

Routine internal rotations of staff should also be represented in reports of employment and vacancies. In addition, the Full Time Equivalent (FTE) required for each ward, unit etc should be regularly reviewed in response to changes in activity.

This will assist in ensuring that at all times the current staffing situation and predicted FTE vacancy is clearly documented and available, to expedite a streamlined recruitment process. This process should not delay any recruitment of frontline staff.

NSW Health agencies should regularly monitor and review positions that impact on frontline services to confirm the ongoing need for them, having regard to workload and the continued appropriateness of their classification and grading.

Unless such review demonstrates that there is no longer a need for the position or the classification and grading requires change, recruitment and selection action to fill a vacant frontline position on a permanent or temporary basis (as appropriate) should commence without delay, i.e.as soon as a vacancy is impending.

Recruitment and Selection of Staff of the NSW Health Service



Time frames for standard recruitment and selection processes

Appendix 1.3

- Process must commence as soon as manager becomes aware of pending vacancy
- Timeline may vary for recruitment campaigns, walk-in applications or where formal job evaluation is required.
- For established positions, especially front line positions, time from notification of vacancy to offer of employment could be a maximum of 40 working days. Medical positions where delineation of the scope of practice is required may necessarily take longer.

	5 Days	5 Days	10 Days	5 Days	5 Days	5 Days	5 Days
ACTION	<p>Review position description and selection criteria and update as necessary.</p> <p>Seek approval to fill the position.</p>	<p>Obtain approval to fill position – this must take no longer than 10 days from the time approval is sought to fill the position.</p> <p>Explore redeployment, eligibility lists, other options for filling the vacancy without advertising.</p> <p>Prepare and place advertisement.</p> <p>Finalise job information package.</p>	<p>Advertisement appears/closes.</p> <p>Confirm selection panel membership.</p> <p>Prepare all recruitment related documentation.</p>	<p>Collate applications for selection committee.</p> <p>Conduct cull.</p> <p>Schedule interviews/tests/assessments.</p>	<p>Conduct interviews/tests/other assessments.</p> <p>Decide on preferred applicant (s) and eligibility list.</p>	<p>Verify information.</p> <p>Conduct internal service check.</p> <p>Conduct referee checks.</p> <p>Initiate employment screening and verification.</p> <p>Make recommendation.</p>	<p>Assess outcomes of employment screening as soon as available.</p> <p>Make the job offer/s (within 2 days of employment screening clearance).</p> <p>Advise unsuccessful applicants (within 3 days of acceptance by successful applicant).</p> <p>Publish permanent appointments (within 14 days of acceptance of offer).</p> <p>Finalise record keeping (within 1 week of employment).</p>
STRATEGIES TO SPEED UP ACTION	<p>Create generic position descriptions for groups of jobs, where appropriate</p>	<p>Electronic approval OR standard approval forms with all required information on one page.</p> <p>Delegate authority to approve to lowest level practicable and avoid multiple approvals, particularly for frontline positions.</p> <p>Establish a central point for a list of injured workers and for eligibility lists.</p> <p>Standard advertisement template+ standard job information package.</p>	<p>Establish selection committee as soon as advertisement has been placed, book cull date and interview dates.</p> <p>Have a standard 'recruitment kit' of all recruitment related documentation for all positions.</p>	<p>Collate as soon as applications close.</p> <p>Mail, email or courier copies of applications to committee members, then cull over the phone.</p>	<p>Where practical, book everything in for the same day.</p> <p>Leave time for panel to deliberate afterwards.</p>	<p>Ensure at interview that applicant has properly completed and submitted all required forms.</p> <p>Confirm referee information, contact details and availability.</p>	<p>Ensure all necessary documentation/information is provided to the delegated officer.</p> <p>Delegate authority to approve as far down the management line as practicable.</p> <p>Set up page on the Intranet, central coordination of the entry of all permanent appointments.</p>

Appendix 1.4

Considering late applications

A convenor may decide to accept late applications in certain limited circumstances.

If a selection committee has already been convened, the convenor may wish to discuss the acceptance of late applications with the selection committee members. Any decision must be applied fairly to all late applications.

Unless there are exceptional circumstances, late applications are not to be accepted after interviews have started.

When deciding whether it is appropriate to accept a late application, some of the 'relevant facts' to be considered include:

- The reason for the late application eg delayed in the mail, has had to deal with a family or work crisis or other emergency etc
- Whether the application was sent before the closing date
- Whether the applicant obtained an extension from the convenor prior to the closing date
- The quality of the field of applicants and the likelihood of being able to fill the position.

A record must be kept of any decision and reasons to accept/not accept a late application.

Appendix 1.5

CONVENOR'S CHECKLIST

To be completed prior to any recommendation to appoint

Before any recommendation is made to a decision maker to appoint an applicant to a position, the convenor is responsible for ensuring that the following actions have occurred in relation to the recommended applicants (**for staff specialist and clinical academic positions, use the critical action compliance checklist (Appendix 2.1 of Module Two). This completed Checklist should be retained with the recruitment and selection papers.**

- Documentation for 100 Point Identification Check, including citizenship/residency/visa status has been sighted and the details recorded on the 100pt Identification Check Form.
- Vaccination record or Certificate of Compliance sighted and copied or collection of the New Recruit Undertaking/Declaration Form/TB Assessment, as required by the position (note for JMO Annual Recruitment details must be recorded rather than copies taken).
- The originals of any educational, trade, professional or academic qualifications listed as selection criteria are sighted, copied, certified by the NSW Health agency and retained (there is no need to sight qualifications used to gain registration).
- Any minimum length of experience specified in the selection criteria is confirmed (if not already verified through referee checking).
- Eligibility for targeted or designated positions is confirmed, as required.
- Registration/licence status has been directly confirmed with the licensing/registering authority and any related risk assessment activities have been completed.
- Membership/eligibility for membership of medical/professional boards, colleges or association etc (where required) has been confirmed with the relevant body.
- Internal service check search (via the Service Check Register) and any related risk assessment activities have been completed.
- Any additional position specific checks deemed necessary have been conducted eg Health Care Complaints Commission and any related risk assessment activities have been completed
- At least two referee checks have been conducted, in line with the standards in this Module.
- Completed national criminal record check or Applicant Declaration and Employment Screening Consent for Child Related Employment forms have been collected from the recommended applicant.
- Authority to prescribe, supply, dispense or administer drugs of addiction has been confirmed or checked with the Pharmaceutical Services Branch (tel: 9879 3214) where there are restrictions in place that are not captured in their registration status.

Appendix 1.6

100 Point Identification Check

Instructions

- (a) The 100 point identification check **must** be completed and checked against the applicant's completed *NSW Health Applicant Declaration & Employment Screening Consent for Child Related Employment form* or *NSW Health National Criminal Record Check Consent Form* prior to lodgement of a Working With Children Check or National Criminal Record Check or Aged Care Check*.
- (b) Employers are required to sight **original** identifying documents, as listed on page 2, and ensure that an appropriately delegated officer checks the details and completes the record of identifying documents below. There is no requirement for the employer to retain copies of the identifying documents.
- (c) Identification **must** be current and **must** include at least one type of photographic ID and identification that contains a signature and date of birth. Passport and/or Driver's License are preferred.
- (d) The point score of documents produced must total at least 100 points (refer to page 2).
- (e) **The applicant must provide evidence of ability to work in Australia: If their documents do not include an Australian or New Zealand passport or an Australian birth or citizenship certificate, an appropriate visa or work permit allowing the person to work in Australia must be sighted** (these must also be original).

Applicant's Full Name: _____

Mandatory record of identifying documents sighted:						
Description of document	Full name on document	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against Consent Form *	Points
Mandatory record of document sighted that confirm person's ability to work in Australia						
Total points						

I have checked the details provided above against the applicant's signed consent form for employment screening (as required at point (a) above) and confirm:

- The names in the ID documents are included in the consent form, and
- Any reference numbers for document detailed in the consent form match those I have sighted today, and
- The applicant has provided evidence that they are allowed to work in Australia (as required at point (e) above).

I have also confirmed with the applicant that all aliases / former / middle names are included in the consent form. (Note: Failure to include all names may warrant the check invalid).

Name: _____

Position: _____

Signature: _____ Date: _____

Recruitment and Selection of Staff of the NSW Health Service



Appendix 1.6 cont

DOCUMENTS	POINTS
<p>Verify the name of the preferred applicant using one of:</p> <ul style="list-style-type: none"> - Birth Certificate - Birth Card issued by the NSW Registry of Births, Deaths and Marriages - Citizenship Certificate - Current Australian passport - Expired Australian passport which has not been cancelled and was current within the preceding 2 years - Current passport from another country or diplomatic documents 	70
<p>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</p> <ul style="list-style-type: none"> - Current driver photo licence issued by an Australian state or territory - Identification card issued to a public employee - Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit - Identification card issued to a student at a tertiary education institution. - Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> - A financial body certifying that the applicant is a known customer. - An acceptable referee under AUSTRAC Guideline No. 3 (www.austrac.gov.au/files/guideline_3.pdf) 	40
<p>Verify name and address of preferred applicant from one or more of these:</p> <ul style="list-style-type: none"> - Document held by a cash dealer giving security over property - A mortgage or other instrument of security held by a financial body - Council rates notice - Document from current employer or previous employer within the last two years - Land Titles Office record - Document from the Credit Reference Association of Australia. 	35
<p>Verify name of preferred applicant from one or more of these:</p> <ul style="list-style-type: none"> - Current credit card or account card from a bank, building society or credit union - Current telephone, water, gas or electricity bill - Foreign driver's licence - Medicare Card - Electoral roll compiled by the Australian Electoral Commission - Lease/rent agreement - Current rent receipt from a licensed real estate agent - Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years - Records of a professional or trade association of which the applicant is a member. 	25

NOTES:

This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010

If an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer must contact the HealthShare Employment Screening Unit for further advice.

Appendix 1.7

REFEREE CHECKS

- *At least two reference checks are to be conducted prior to any recommendation to appoint (one reference check may suffice for employment for one week or less)*
- *At least one referee should be a current supervisor*
- *The identity of the referee, position title and relationship to the applicant is to be confirmed*
- *Referees should be asked to confirm that they will provide an honest, accurate and complete response to each question*
- *Referees are to be advised that the information they provide may form part of the selection committee report, which may be used in providing feedback to the applicant*
- *The selection criteria is to be provided to referees*
- *A set of questions is to be prepared that includes (but is not limited to) the following:*

1.0 *How would you describe the applicant's skills/ experience/ competence (as appropriate) in relation to each of the selection criteria?*

2.0 *Would you re-employ the applicant if the opportunity arose?*

Why/why not?

3.0 *Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?*

4.0 *In light of the information provided about the position, is there anything else you think would be relevant for us to consider?*

 Appendix 1.8

Letter of offer of employment

The following information is provided as guidance when developing letters of offer of employment:

CHECKLIST OF MATTERS TO BE INCLUDED:

- Introduction:** I am pleased to offer you employment in the [Name of NSW Health agency /Ambulance Service of NSW], a Division in the NSW Health Service.
- Position:** You will be employed on a [full-time/part-time] basis as [Position Title, Classification]. You will be based at [location, any rotations]. Your employment will also be governed by [Award/Industrial Instrument].
- Duties:** Your position will involve the duties set out in the attached Position Description. You will also be expected to have a flexible approach to your duties and perform such other duties as may otherwise be allocated from time to time. You will be consulted about any significant changes to your position or duties before they take effect.
- Hours of Work:** You will generally be required to work [insert number of days] days per week between the hours of [insert times]. *Include any requirements for roster or on-call availability.* It may be necessary to change the hours of work, any shift times and any on-call availability from time to time as required by the demands of the position.
- Remuneration:** Your remuneration will be determined in accordance with the [Award/Industrial Instrument]. Your commencing rate of pay will be [insert rate from Award/Industrial Instrument].
- Compliance with NSW Health Policies:** In accepting this position, you agree to support core NSW public sector values of cultural diversity, equity and ethical practice, and a healthy, safe and fair workplace. In accepting this position I agree to be bound by and comply with NSW Health Policy Directives, and any relevant local workplace procedures, as are in place or issued or amended from time to time, including but not limited to the NSW Health Code of Conduct.
- Intellectual Property:** All intellectual property rights in any inventions, designs, works and subject matter created or discovered in the course of employment must be disclosed to the agency and will belong to and be the absolute property of the agency, or as may be nominated by the agency for that purpose, subject to and in accordance with NSW Health Policy Directives regarding intellectual property as may be issued and as may be amended from time to time.
- Other matters:** *insert other conditions of employment. See checklist further below.*
- Confirmation of acceptance and contact person:** Please confirm your acceptance by signing and returning the enclosed copy of this document to [insert details]. Any questions may be directed to this person.
- Signatory:** [name], Chief Executive, [NSW Health agency /Ambulance Service of NSW] for Director-General, NSW Ministry of Health.
- I [insert proposed employee's name] accept the offer in accordance with the term and conditions outlined in this letter.**
Signature _____ / Date _____].

NON EXHAUSTIVE CHECKLIST OF OTHER MATTERS TO BE CONSIDERED:

- Reporting Requirements:** reporting directly to [position/name of person] or otherwise as required by the employer.
- Special arrangements:** arrangements which do not form part of the ongoing terms and conditions of employment are to be stated in a way that makes it clear that they are not ongoing arrangements and may be withdrawn eg clearly identify any conditional arrangements such as the provision of a private use motor vehicle.
- Visa requirements:** any statement about visa requirements.
- Specific conditions:** any specific conditions or Policy Directives that apply to the employment eg conditions arising from a risk assessment (see employment screening policies).
- Legislative Notifications to be given by the employer:** any notifications required by legislation that apply to the employment eg workplace surveillance
- Notifications to be made by the employee:** such as changes to their registration status including additional conditions, complaints to the HCCC etc
- Provisional appointment:** a statement relating to provisional appointment pending satisfactory criminal record clearance, where relevant (see NSW Health Policy Directive for employment screening) and
- Withdrawal of offer of employment:** circumstances where the offer of employment may be withdrawn.

Appendix 1.9

Retention of recruitment and selection records

(records can be hard copy or electronic where eRecruitment is implemented)

1. Selection process documentation	✓	Minimum retention period
• Advertisement (incl. selection criteria)		2 years after recruitment finalised, then destroy.
• Selection committee report or report of selection on other grounds (signed by approving officer)		
• Eligibility list		
2. Successful applications	✓	Minimum retention period
• Job information (including position description and selection criteria)		7 years after employment ceases, then destroy.
• Full application including resume and any written references		
• Any medical advice to the employer regarding the applicant's ability to carry out the inherent requirements of the position		
• Completed confirmation of selection committee membership		
• Written record of information obtained via referee checks		
• Written record of past performance checks and any significant findings		
• Appropriately signed Convenors Checklist/Critical Actions Compliance Declaration (see Appendix 2.1 for staff specialist and clinical academic positions or Appendix 1.5 for all other positions)		
• Written advice by the Credentials Subcommittee regarding the determined scope of practice for staff specialists		
• Copy of letter of offer and/or other employment documentation (eg contract)		
• Copy of signed returned letter of offer		
• Record of any documentation sighted or communication undertaken to verify claims by the applicant		
○ Completed and signed 100-point ID Checklist form		
○ Documentation confirming citizenship/residency or working visa status ie completed 100 point ID Checklist form		
○ Copy of registration/license documentation and record of verification of current professional registration/licence status directly with the relevant registration/licensing body		
○ Record of any relevant information (eg conditions or restrictions) obtained from the relevant registration body or the Pharmaceutical Services Branch.		
○ Record of verification of the status of the applicant with the HCCC		
○ Record of any relevant information obtained from the HCCC and any risk assessment		
○ Record of verification of any educational, trade or professional qualifications listed as selection criteria		
○ Evidence of eligibility to practice as a medical specialist, within the meaning of the relevant NSW award or determination, where relevant		
○ Evidence of medical indemnity cover, where required		
○ For targeted positions, evidence of relevant characteristics (eg Aboriginality)		
○ Evidence of length of experience where listed as a selection criterion		
○ Evidence of appropriate immunisation status		

Retention of recruitment and selection records

<ul style="list-style-type: none"> • Evidence that the applicant consented to: <ul style="list-style-type: none"> ○ Information being obtained from HCCC and/or relevant registration body ○ other employment checks ie past performance checks being conducted • Copies of: <ul style="list-style-type: none"> ○ Signed health declaration form or electronic declarations (where relevant) ○ Signed Applicant Declaration and Employment Screening Consent for Child Related Employment (paid child related employment only) or ○ Signed consent form for National Criminal Record Check (non child related and aged care employment only) or ○ Signed Statutory Declaration from overseas applicants, where applicable, stating they have no criminal history • Copy of police clearance from successful overseas applicants, where applicable • Record of clearance screening validation number obtained from the Employment Screening and Review Unit's lodgement database • Any records relating to an estimate of risk arising from a Working with Children background check (incl. correspondence from ESRU, recommendations, outcomes) * • Any records relating to an employment assessment arising from a National Criminal Record Check (incl. correspondence from ESRU, contact with applicant, recommendations and outcomes) * 		75 years after date of birth of employee or 7 years after action completed, whichever is later, then destroy.
<ul style="list-style-type: none"> • Criminal History Record 		Shred as soon as employment assessment completed.
3. Copies of documentation that, as a minimum, must be placed on the successful applicant's <u>Personnel File</u>	✓	Minimum retention period
<ul style="list-style-type: none"> • Position description • Selection criteria • Completed 100-point ID Checklist form • Documentation confirming citizenship/residency or working visa status ie completed 100 point ID Checklist form • Record of verification of professional registration board registration status and supporting documentation • Evidence of eligibility to practice as a medical specialist within the meaning of the relevant NSW award or determination, as relevant. • Evidence of medical indemnity cover, where required • Evidence of appropriate vaccination status • Signed health declaration form or electronic declaration (if applicable) • Completed confirmation of selection committee membership • Copy of letter of offer and/or other employment documentation (eg contract) • Evidence that the appointment was approved by the appropriately delegated authority (copy of letter of offer is adequate if signed by the appropriately delegated authority) 		7 years after employment ceases, then destroy.

* Retain on a separate, confidential file kept in a secure location and accessible only to authorised staff.

Retention of recruitment and selection records

<ul style="list-style-type: none"> Signed Applicant Declaration and Employment Screening Consent for Child Related Employment (paid child related employment only) or 		
<ul style="list-style-type: none"> Signed consent form for National Criminal Record Check (non child related and aged care employment only) 		
<ul style="list-style-type: none"> Copy of police clearance from successful overseas applicants, where applicable 		
<ul style="list-style-type: none"> Copy of signed Statutory Declaration from overseas applicants, where applicable, stating they have no criminal history <p><i>Note: Any criminal history record obtained as part of the selection process must be shredded as soon as employment assessment is completed.</i></p>		
<ul style="list-style-type: none"> Record of clearance screening validation number obtained from the Employment Screening and Review Unit's lodgement database 		
4. Unsuccessful applications	✓	Minimum retention period
<ul style="list-style-type: none"> Job information (incl. position description and selection criteria) 		1 year after recruitment finalised then destroy.
<ul style="list-style-type: none"> Full application including resume, any written references and any other supporting information 		
<ul style="list-style-type: none"> Any supplementary information subsequently provided by the applicant 		
<ul style="list-style-type: none"> Record of any risk assessments undertaken by the selection panel 		
<ul style="list-style-type: none"> Record of any verification of applicant claims to the position 		
<ul style="list-style-type: none"> Any declarations and consent forms signed by the applicant 		
<ul style="list-style-type: none"> Results of any medical examinations 		
<ul style="list-style-type: none"> Copy of any advice provided to the applicant re the outcome of the selection process 		
<ul style="list-style-type: none"> Records related to any employment screening that may have been conducted on the applicant <p><i>Note: Any criminal history record obtained as part of the selection process must be shredded as soon as employment assessment is completed.</i></p>		

Appendix 1.10

Recruitment and Selection Process Checklist

Review of position information

- Review and update all position information
- Identify / review inherent job requirements
- Develop / review selection criteria (based on the inherent job requirements)

Advertising

- Explore redeployment of injured and/or displaced employees
- Review any appropriate eligibility list(s)
- Review further options for filling the vacancy without advertising
- Decide how and where to advertise (internal/external, rolling advertisements, specialist media etc)
- Prepare advertisement and job information package (incl. contacts for information)
- Place the advertisement
- If use of a Recruitment Consultant considered necessary, seek approval from the Ministry
- If using a Recruitment Consultant, arrange for a contract detailing roles and responsibilities

Application management

- Provide applicant information kits and any further information to applicants as necessary
- Date receipt of applications and acknowledge receipt to applicants
- If selection process delayed, advise applicants
- Review applications – follow up on missing information
- Collate applications for the convenor (incl. any late applications but note lateness)

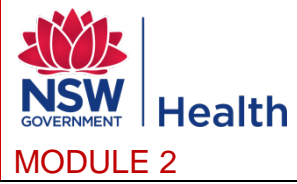
Selection process

- Convene selection committee
- Cull applications
- If the field is not reasonable, consider and decide on further options (eg re-advertise, use a recruitment consultant, leave position vacant)
- Determine what methods will be used to assess the suitability of applicants
- Schedule interviews, tests, assessments and advise applicants
- Conduct interviews, tests, assessments etc and collect signed consent forms
- Ensure all required evidence has been sighted, details recorded or copied as required (eg identity, citizenship or residency status, immunisation status, professional qualifications, professional registration/license status etc)
- Verify information provided by the applicant
- Check registration/licence status directly with the registering/licensing authority
- Review each applicant's relative merit for the position (based on selection criteria)
- Conduct referee checks on at least the preferred applicant(s), assess results
- Initiate a Working With Children Check or Criminal Record Check, as appropriate, for the preferred applicant(s)
- Initiate other external checks eg HCCC if required for the preferred applicant
- Initiate the relevant health assessment of the preferred applicant(s), if applicable
- Selection decision by Chief Executive or delegate
- Assess outcomes of Working With Children Check / Criminal Record Check
- Where necessary, conduct risk assessment in line with current NSW Health policies on employment screening
- Assess outcomes of any health assessment
- Where necessary, consider reasonable adjustment in line with current NSW Health policy on employment health assessment
- Match successful applicant(s) with available positions (bulk recruitment)
- Make recommendations for appointment and eligibility list
- Make job offer(s)
- If declined, initiate relevant verification and employment screening actions for next person on the eligibility list
- If accepted, refer to the appointment process
- Advise unsuccessful applicants and provide feedback as required
- Advise unsuccessful applicants of the identity of the successful applicant
- Document all steps of the recruitment process and retain records

Complaints

- Conduct initial assessment of complaint
- Conduct process review if necessary
- Maintain documentation

**Recruitment and Selection of Staff of the NSW Health
Service - Additional Standards for Staff Specialists and
Clinical Academics**



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1 BACKGROUND

1.1 Purpose of Module Two

The purpose of this Module is to outline the specific **additional** requirements that exist when recruiting and selecting staff specialists and clinical academics and determining their scope of clinical practice. Module One remains the primary source of standards for all recruitment and selection for employment in the NSW Health Service.

1.2 Relationship to other policies

As far as practicable all recruitment, selection, scope of clinical practice and appointment related policy requirements for staff specialists have been incorporated into this Module. However a small number of other key, subject specific policies and arrangement will need to be considered alongside this Module, as identified below:

- *Delineation of Clinical Privileges for Visiting Practitioners and Staff Specialist PD2005_497*
- *Clinical Academics Employed in the NSW Health Service PD2010_036.*

This Module does not deal with the rights of private practice for staff specialists or indemnity arrangements. Relevant documents can be found at www.health.nsw.gov.au/jobs/conditions/index.asp

1.3 Definitions

Area of need - Refers to a medical position, not a geographical location that has been so designated by the NSW Ministry of Health. A medical position may be designated an 'area of need' if certain criteria are met which indicate there is major difficulty recruiting medical practitioners from within Australia. Area of need status enables NSW Health agencies to recruit suitably qualified overseas-trained medical practitioners to positions.

By-laws – Pursuant to sections 39, 60 and 63 of the *Health Services Act 1997* a public health organisation may, with the approval of the Director-General, make by-laws, not inconsistent with the Act or the regulations.

Credentials - Means the documented evidence of an individual's formal qualifications, training, experience and clinical competence.

Credential (Clinical Privileges) Subcommittee - Is established by the Medical and Dental Appointments Advisory Committee to advise on matters concerning the clinical privileges given to an applicant or practitioner.

Dentist - Means an individual registered under the *NSW Dental Practice Act 2001*.

Interview Subcommittee - The MDAAC commonly establishes an interview subcommittee to review all applications, select applicants for interview, interview suitable applicants, undertake reference checking, verify credentials and make recommendations to MDAAC in relation to appointments.

Medical and Dental Appointments Advisory Committee (MDAAC) - MDAAC is a committee of a NSW Health agency that provides advice to the chief executive on the appointment of staff specialists and the clinical privileges that should be granted to those persons.

Medical practitioner - Means an individual registered under the *Medical Practice Act 1992 (NSW)*.

Scope of Clinical Practice - Means the kind of work (subject to any restrictions) that the NSW Health agency determines a medical practitioner or dentist is to be allowed to perform at any of its facilities. The scope of clinical practice results from the credentialing process and represents the range and

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scope of clinical responsibility that may be exercised by an individual in a facility. The scope of clinical practice 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.

Staff Specialist - Means a medical practitioner who is employed as staff of the NSW Health Service under the Staff Specialists (State) Award. For the purposes of this Module a Staff Specialist excludes Post Graduate Fellows, who are covered by the requirements contained in Module 1.

2 RECRUITMENT AND SELECTION STANDARDS

2.1 Vacancy identified

Section 2.1 Module One outlines requirements for responding to identified vacancies.

2.2 Review position documentation

Section 2.2 Module One outlines requirements for reviewing position documentation.

2.3 Action prior to advertising

Section 2.3 Module One outlines requirements for action to be taken prior to advertising.

2.4 Employment without advertising

Staff Specialists can be employed temporarily without advertising in the following circumstances:

- Employment does not exceed 3 months and
- The qualifications and experience of the staff specialist are determined to be suitable to the circumstances and
- An appropriate scope of clinical practice is determined and
- Mandatory employment screening and verification occurs (see **Appendix 2.1**) and
- The exercising of the delegation to employ temporarily is subject to the advice of the MDAAC, if the advice or recommendation of MDAAC is required (refer to the relevant Model or local by-laws).

2.5 Advertising requirements

Refer to the advertising requirements outlined in *Section 2.5 in Module One*.

2.6 Position information package

Section 2.6 in Module One outlines the requirements for information packages.

Additionally information packages for staff specialist and clinical academic positions must include the requirement for the applicant to provide:

- A statement setting out employment and the scope of clinical practice held at any other NSW Health agency or other health service provider, and a statement setting out the scope of clinical practice sought by the applicant and
- An authority to allow the MDAAC to obtain information as to the applicant's past performance as a medical practitioner.

Information packages must also provide information on the role delineation of the facility. This ensures applicants are aware of the conditions which relate to their employment.

2.7 Approval to engage a recruitment consultant

The process for seeking approval to utilise recruitment consultants is outlined in *Section 2.7 of Module One*.

2.8 Application management

Section 2.8 of Module One outlines the standards for application management.

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2.8.1 Role of the MDACC

MDACC is a committee of the NSW Health agency that has the function of advising the chief executive, or delegate, in relation to the employment of a person as a staff specialist and the scope of clinical practice that should be granted.

Applications for permanent staff specialist positions, or for temporary positions over 3 months, must be in writing and must be referred to MDAAC, and in turn to a Credentials (Clinical Privileges) Subcommittee.

In recruitment and selection activities the function of MDAAC is to provide the decision maker with advice and recommendations on suitable applicants for staff specialist positions.

While the Chief Executive, or delegate, is ultimately responsible and accountable for the employment decision, advice and recommendations from MDAAC must form part of the information to be considered.

2.9 Selection process

The selection process leading to employment as Staff Specialist within the NSW Health Service will include:

- Establishing a selection panel (interview subcommittee) to consider written applications to determine those applicants to progress through the selection process
- Further assessment of an applicant's suitability, usually via an interview process
- Conducting all mandatory verifications
- Determining the scope of clinical practice and
- Making a resulting recommendation to the chairperson of the MDAAC.

The MDAAC will then make a recommendation to the decision maker.

2.9.1 Interview subcommittee

The MDAAC commonly establishes an interview subcommittee to manage the selection process. The composition of the panel will vary depending on the scope and nature of the position to be filled.

Section 2.9.1 of Module One outlines the basic requirements for interview sub committees (referred to as selection panels). In addition, interview subcommittees for staff specialist positions must include a member of the MDAAC and other people with sufficient knowledge and understanding of the needs of the facility or facilities to which the proposed appointment relates, such as:

- A representative from the NSW Health agency or facility management
- An independent from another NSW Health agency, or if unable to identify a suitable person, a person independent of the facility or the reporting structure within which the position is placed
- A representative from the relevant clinical department
- A representative from the speciality/sub-specialty in which the scope of clinical practice is sought
- A representative from the Medical Staff Council.

2.9.2 Role of the convenor

The convenor is responsible for ensuring that:

- All relevant NSW Health standards are met during the selection process, as specified in Module One and this Module
- The required sign off occurs, confirming all critical actions have taken place, prior to the appointee commencing work (see **Appendix 2.1**).

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2.9.3 Role of the independent

Section 2.9.3 of Module One outlines the standards for identifying independent members of interview subcommittees.

2.9.4 Conducting the cull

Section 2.9.4 of Module One provides the standards for culling applications.

2.9.5 Further assessment of applicants (including for Area of Need positions)

Section 2.9.5 of Module One provides standards for assessing applicants. For Area of Need positions, there should be a specific assessment of the applicant's clinical competence and/or medical knowledge.

2.9.6 The interview process

Section 2.9.6 of Module One outlines the requirements for the interview process.

In addition to the requirements outlined in *Module One*, convenors must:

- Sight and check medical indemnity cover, where required
- Confirm eligibility to practice as a specialist or general practitioner, as relevant.

2.10 Determine preferred applicants

When the assessment process has been completed, the panel must analyse all information and identify preferred applicant(s) for the position. It is usually at this point that referee checks are conducted, and any outstanding verification/checking activities are completed.

2.11 Verify information

Appendix 2.1 outlines the critical information that must be verified prior to any recommendation being made for permanent employment and temporary employment over one week (refer to section 2.11.1 of this Module for requirements for temporary employment less than one week).

All the relevant information about an applicant's qualifications, experience and registration status and past performance must be appropriately and independently verified iea selection committee member's past knowledge of an applicant will not be sufficient to meet the standards reflected in Module One or this Module.

2.11.1 Temporary employment under 1 week

Where the temporary employment of a staff specialist is for a period not exceeding one week the following information must be verified by the delegated authority prior to the commencement of duties:

- 100 point Identification Check, including citizen/residency/visa status
- Working with Children Check **or** National Criminal Record Check has been completed
- Registration status has been confirmed directly with the Australian Health Practitioners Regulation Agency, including the identification of any practice conditions
- Internal service check completed
- Evidence of medical indemnity cover sighted and checked, where required
- At least one referee check, with the appointee's current supervisor/manager, in line with the standards outlined in Module One.

Section 1.1 to 1.6 of the Critical Actions Compliance Checklist must be completed (**see Appendix 2.1**)

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Where employment originally planned for one week only is subsequently extended beyond one week, Section 1.1 to 1.14 of the Critical Actions Compliance Checklist must be completed (**see Appendix 2.1**) however refer to section 2.11.4 below for requirements for re-verifying information.

For standards relating to determining the scope of clinical practice for temporary appointments refer to section 2.13 below.

2.11.2 Emergency situations

In a genuine emergency situation it may be possible to commence someone prior to completion of the criminal record checking (see policy directive PD2008_029 Employment Screening). If the reference check with a current employer is unable to be completed in an emergency situation prior to a shift commencing, **and registration status and identification have been verified** the matter should be escalated to the Chief Executive who may approve the appointment. The reference check must then be completed as soon as possible and the appropriateness of the appointment confirmed and documented.

2.11.3 Documentary evidence of verification

Documentary evidence that all relevant checks took place, and any findings of significance, must form part of the selection documentation. Additionally the relevant section of a Critical Actions Compliance Declaration should be completed by the Convenor, or in the case of temporary employment, the delegated authority (**see Appendix 2.1**).

2.11.4 Re-verifying information for temporary employment

Other than criminal record checks, initial checks are not required to be repeated for a future temporary employment (beyond one week) of someone who has already undergone the mandatory checks as part of the previous temporary employment **unless** there is a gap of more than three months or there is reason to suggest that any relevant circumstances of the individual have changed.

2.12 Conduct referee checks

Section 2.12 of Module One outlines the requirements for referee checking.

2.13 Determining scope of clinical practice

The Credentials (Clinical Privileges) Subcommittee is established by MDAAC to advise it on matters concerning scope of clinical practice, including the scope of clinical practice to be allowed to an applicant or person proposed for appointment as a staff specialist.

The relevant by-laws of the NSW Health agency set out the functions and composition of the subcommittee. It is a requirement however that the Credentials (Clinical Privileges) Subcommittee membership includes a medical practitioner from the relevant speciality/sub-speciality in which the scope of clinical practice is sought.

Determining the scope of clinical practice must occur as part of the recruitment and selection process. This process is to assess a staff specialist's ability to provide defined clinical services and to match that with the role delineation of the relevant facility as well as staffing, facilities equipment and support services available at the facility.

The Credentials (Clinical Privileges) Subcommittee must therefore have regard to the following information to assist them in determining the scope of clinical practice:

- The delineated role of the facility/facilities
- The scope of clinical practice currently granted for the applicant in any other facility/facilities and

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- The position description, application, curriculum vitae and all other documentation submitted in support of the application.

Interim scope of clinical practice, granted as part of a temporary appointment, must be determined in consultation with a medical practitioner from the relevant speciality/sub-speciality, approved by the appropriately delegated officer, and must be verified at the next scheduled meeting of the Credentials (Clinical Privileges) Subcommittee.

At this meeting critical action items 2.1 and 2.2 (**see Appendix 2.1**) must be signed off by the chairperson.

2.13.1 Determining scope of clinical practice for Area of Need applicants

The process for determining the scope of clinical practice for Area of Need positions is the same as for permanent appointments. There is a difference however in the registration of such applicants.

NSW Health agencies must submit the applicant's determined scope of clinical practice to the registration board for assessment. Restrictions can be placed on practitioners working in Area of Need positions in which case regular assessment and monitoring of compliance with such conditions is required.

2.13.2 Timing

There is no requirement about the timing of the referral of applicants to the Credentials (Clinical Privileges) Subcommittee in the course of the recruitment and selection process. This can be done prior to interview to ensure that an applicant who cannot undertake the role required by the facility is not recommended for appointment.

Where this process occurs prior to interviews being conducted, the advice of the Credentials (Clinical Privileges) Subcommittee must be provided to, and considered by, the interview subcommittee.

Where the composition of the MDAAC or Interview Subcommittee and the Credentials (Clinical Privileges) Subcommittee is the same, or substantially similar, it may be preferable to ensure they convene consecutively.

2.14 Assessing information

Section 2.13 of Module One provides standards for assessing information and conducting risk assessments where necessary.

2.15 Making recommendations

Once all necessary verification activities and referee checks have been undertaken and assessed, the scope of clinical practice determined and the preferred applicant(s) confirmed, the Interview Subcommittee and the Credentials (Clinical Privileges) Subcommittee must make a report to the Chairperson of MDAAC identifying:

- Those involved in making the recommendations
- Material available to those making the recommendations
- The final recommendations and the basis on which they were made.

As part of this process the following information must be available, at least on request, to the MDAAC:

- Number of positions advertised
- Number of applicants for each position
- Positions description, advertisement and selection criteria
- All applications

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- The outcome of the verification activities for the recommended applicants eg referee reports and
- The proposed scope of clinical practice.

The Chairperson of MDAAC in turn makes a recommendation to the Chief Executive or the properly delegated decision maker on the preferred applicant(s) for appointment, and on any eligibility list created. The Chairperson must also complete the relevant sections of the Critical Actions Compliance Checklist confirming that the required critical actions have been undertaken prior to the recommendation being made (**see Appendix 2.1**).

2.15.1 Recommended applicant

Section 2.14.1 of Module One outlines the requirements for recommending an applicant.

2.15.2 Eligibility list

Section 2.14.2 of Module One provides standards for the creation of eligibility lists.

2.15.3 Australian citizenship/ residency considerations

Any recommendation must take into account the considerations on Australian citizenship outlined in *Section 2.14.3 of Module One*.

2.15.4 Alternative and minority reports

Section 2.14.4 of Module One outlines requirements where a panel is not able to reach a unanimous decision.

2.16 Approval to appoint

If the decision maker overturns a MDAAC recommendation, this must be documented in a manner that clearly explains the decision making process and that can be reviewed in the event of a complaint.

2.17 Make the formal job offer

Once all mandatory standards in this and any other relevant Modules have been met, and the Chief Executive or delegated decision maker has completed the relevant sections of the Critical Actions Compliance Checklist (**see Appendix 2.1**), a formal offer of employment may be made to the successful applicant(s).

For appointment standards refer to Section 3 of this Module.

Overseas trained medical practitioners are not to be offered permanent employment in positions granted Area of Need status given that Area of Need status is for a time limited period only, and an extension cannot be guaranteed regardless of whether the position is occupied.

Accordingly, when an overseas trained medical practitioner is to be appointed to an Area of Need position, their letter of offer and any employment documentation needs to include advice that the position is of a temporary nature only. The contract duration should be no greater than the life of the existing Area of Need certificate.

Employers should also be aware that the Australian Health Practitioner Regulation Authority may require overseas trained medical practitioners to undertake a Pre-Employment Structured Clinical Interview (PESCI) as part of the registration process.

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2.17.1 Where an offer is declined

Where the successful applicant declines the offer, critical actions (**see Appendix 2.1**) should be initiated for the next ranked applicant

2.18 Meeting visa requirements

Sections 2.14.3 and 2.18 of Module One outline information relevant to meeting visa requirements.

2.19 Advise unsuccessful applicants

Section 2.19 of Module One outlines standards for advising unsuccessful applicants.

2.19.1 Post-selection feedback

Section 2.20 of Module One outlines standards for post selection feedback.

2.20 Publish permanent appointments

Section 2.21 of Module One outlines the standards for providing unsuccessful applicants with the identity of the successful applicant.

2.21 Documentation and retention of records

Section 2.22 of Module One outlines the standards for retention of records relating to the recruitment and selection process.

2.22 Information requests

Section 2.23 of Module One outlines standards on *Government Information (Public Access) Act 2009* requests.

2.23 Complaints managements

Section 2.24 of Module One outlines information relevant to reviewing recruitment and selection decisions.

2.24 Commencing work

Section 2.25 of Module One outlines the standards relating to commencing work.

3 EMPLOYMENT

3.1 Employment of Staff Specialists

Staff specialists are employed as staff of the NSW Health Service. Their appointment must be consistent with the conditions outlined in the Staff Specialists (State) Award.

A NSW Health agency must not, without specific approval from the Director-General offer staff specialists remuneration or conditions of service other than in accordance with the Staff Specialists (State) Award and the relevant determinations of the Director-General.

3.1.1 Employment documentation

All offers of employment as staff specialists are to be in writing. Employment documentation must specify the terms and conditions of employment, including the scope of clinical practice the staff specialist is to be granted at the commencement of his or her employment.

Care should be taken in preparing employment documentation to ensure that any arrangements which do not form part of the ongoing terms and conditions of employment are mentioned in a way that makes it clear that they are not to be regarded as ongoing entitlements. Employment documentation must expressly provide that the employment is conditional on satisfactory criminal record and/or working with children checks.

Employment documentation for staff specialists must also have attached a job description and include a condition that requires staff specialists to inform the NSW Health agency in the event of a notification of a matter concerning him or her to the NSW Health Care Complaints Commission or the Medical Board of Australia, the imposition of orders or conditions affecting their registration and/or any restrictions on clinical privileges or practice imposed by another health care organisation.

All staff specialists' employment documentation must also state that they are required to be available for reasonable on call and recall outside their normal duties, as may be required by their employer and at these times be readily contactable and be able and prepared to attend the facility within a reasonable time.

In addition, the information identified in **Appendix 1.8 of Module One** must, as a minimum, be included in the offer of employment. The information included in the employment documentation will allow the applicant to make an informed decision, and allow the NSW Health agency to subsequently manage the successful applicant in accordance with the relevant award, legislative and policy provisions. The successful applicant must be asked to accept the offer *and* the related conditions in writing.

Under no circumstances is a staff specialist to commence employment prior to completing employment documentation and, where relevant, a part time agreement. Acceptance of the terms of employment is to be evidenced by signing a copy of the letter of employment.

3.1.2 Employment arrangements

Staff specialists can be employed in a part time or full time capacity. Part time staff specialists should complete a written Part time Arrangement as provided for in the Award.

A staff specialist is required to elect a private practice level arrangement, consistent with the provisions of the Staff Specialist Determination (as amended from time to time). Remuneration arrangements will be affected by which level is chosen.

Staff specialists are usually appointed at the year 1 grade and progress to the next incremental step on the anniversary date of their appointment. However, having regard to the skills, experience and performance of a staff specialist, an initial appointment can be made at a higher level or there can be accelerated progression through the steps.

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3.1.3 Professional indemnity insurance for staff specialists

A person is not entitled to practice in NSW as a medical practitioner unless the person is covered by approved professional indemnity insurance. While this requirement does not apply to a medical practitioner who is an employee of a NSW Health agency it does have application in relation to the exercising by staff specialists of their rights of private practice, as follows:

- Level 1 staff specialists (ie those who have elected to assign the proceeds of their private practice to the employer) are indemnified through the Treasury Managed Fund against liability for acts or omissions committed in the course of treating private patients subject to certain conditions (such as that serious and wilful misconduct is not involved).
- Level 2 to 5 staff specialists must arrange for their own indemnity cover in respect of private patients who are treated pursuant to the rights of private practice arrangements. However the costs of obtaining medical indemnity insurance cover, relating to the exercise of rights of private practice only, are able to be reimbursed from the No 1 Account (see PD2009_066). In addition, Level 2 to 5 staff specialists who treat private patients in rural public hospitals or who treat private paediatric patients in public hospitals are entitled to sign a contract of liability coverage with the NSW Health agency to provide indemnity coverage in respect of services provided to such patients.

See NSW Health policies on medical indemnity at: www.health.nsw.gov.au/jobs/conditions/index

3.2 Appointment of Clinical Academics

A medical practitioner who is employed as a member of staff of a university's school of medicine and provides clinical and associated administrative services for public patients in public hospitals, for more than 8 hours a week on average (except where in approved leave) may be offered secondary employment as a Clinical Academic within the NSW Health Service, in addition to his or her primary employment with a university.

The NSW Health agency should approve any proposal to create an academic position where appointment as a Clinical Academic working in the NSW public health system is contemplated. The NSW Health agency should discuss with the university how the clinical skills and the non-clinical responsibilities of a proposed Clinical Academic appointment relate to the clinical needs and priorities of the NSW Health agencies.

There should be prior written agreement between the NSW Health agency and the university about the clinical role envisaged for a proposed position.

Any offer of employment as a Clinical Academic within a NSW Health agency is at the discretion of the Chief Executive or delegate.

3.2.1 Selection process

Prior to the commencement of a Clinical Academic's employment in the NSW Health Service, all screening and verification actions, as required by NSW Health policies must occur. To facilitate a co-operative approach it has been agreed with the NSW universities that a NSW Health agency should usually be represented on the selection panel for a position that is intended to involve a Clinical Academic appointment in the NSW Health Service.

3.2.2 Information packages

Sections 2.6 of Modules One and Two outline the information to be provided to potential applicants who seek a clinical role within the NSW public health system.

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3.2.3 Referee checking and verification of all mandatory information

The NSW Health agency's representative is responsible for ensuring that all the required referee checking, employee screening and verification of information (refer to Module One and sections 2.11, 2.12 and 2.14 of this Module) and determination of clinical privileges occurs prior to the Clinical Academic commencing any clinical activities for or on behalf of the NSW Health agency.

Referee checking must be undertaken by a person or persons with adequate clinical expertise to interpret and explore the relevant clinical performance and competence required by the selection criteria.

3.3 'Outreach arrangements'

In certain circumstances NSW Health agencies establish outreach arrangements with other NSW Health agencies, allowing medical staff from one NSW Health agency to provide services in another NSW Health agency.

3.3.1 Employment/contract status

Where these arrangements exist and the services involved are being provided at the instigation of the NSW Health agency rather than as an arrangement made by an individual staff specialist, the staff specialist will be considered to be providing these services as an extension of their working arrangements or contract with the originating NSW Health agency.

3.3.2 Determining the scope of clinical practice

The receiving NSW Health agency must undertake the process for determining the scope of clinical practice for the staff specialist providing the outreach services applicable to the facility at which the outreach services are to be provided. This is because the type of services being provided may be different to those provided in the facility in which the practitioner holds their substantive appointment and/or they are providing them in facilities with different levels of support, supervision etc.

With the consent of the staff specialist the receiving NSW Health agency may streamline this process, and reduce the amount of work involved in "re-credentialing", by gaining direct access to the credentialing papers held by the providing NSW Health agency for use during the assessment undertaken by the receiving NSW Health agency. This would allow, for example, reliance on the certification of all the work done as part of the previous process.

3.3.3 Mandatory actions to be undertaken prior to the commencement of an outreach arrangement

The main actions that must occur in establishing outreach arrangements are:

- The providing NSW Health agency ensures that the staff specialist involved has given their consent for material, used for determining the scope of clinical practice in the providing NSW Health agency, be provided to the receiving NSW Health agency for their assessment. This consent must be provided as a condition of accepting the outreach arrangement.
- The receiving NSW Health agency must verify all information where a period of 6 months has elapsed since the Credential (Clinical Privileges) Subcommittee of the providing NSW Health agency has reviewed the scope of clinical practice of the staff specialist
- The receiving NSW Health agency must, on all occasions independently check the Service Check Register and the registering authority to confirm the status of registration
- The receiving NSW Health agency must ensure that an identification check is undertaken on the first occasion that the staff specialist reports for duty within the NSW Health agency
- The receiving NSW Health agency maintains all mandatory verification documentation on a file established for the individual outreach arrangement.

4 Appendices

Appendix Number	Title and link
Appendix 2.1	<i>Critical Actions Compliance Declaration</i>

Appendix 2.1

Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Staff Specialists and Clinical Academics



**Employment of Staff Specialists and Clinical Academics
Critical Actions Compliance Declaration**

1.0 Chair, Interview Subcommittee (must confirm all critical actions) OR

Delegated Authority to approve temporary employment over one week (must confirm critical actions 1.1 to 1.14) OR

Delegated Authority to approve temporary employment one week or less (must confirm critical actions 1.1 to 1.6)

(Please circle appropriate signatory)

**I confirm that the following occurred prior to the commencement at work of:
(name of appointee)**

to the position ofin (name of LHD).....

- 1.1 Identity of appointee was verified and details recorded on the 100 Point Identification Check Form
- 1.2 Signed consent to relevant national criminal record check **or** Applicant Declaration and Employment Screening Consent for Child Related Employment collected
- 1.3 Registration, including existence of any conditions of appointee was verified directly with the registering authority
- 1.4 Evidence of medical indemnity cover sighted and checked where required (n/a if not relevant)
- 1.5 Internal service check completed
- 1.6 At least one reference check was conducted with appointee's current supervisor/manager **
- 1.7 Eligibility to practice as a medical specialist, within the meaning of the relevant NSW award or determination, where relevant is verified.
- 1.8 Authority to prescribe, supply, dispense or administer drugs of addiction has been confirmed (or checked with the Pharmaceutical Services Branch (tel: 9879 3214) where there are restrictions in place that are not captured in their registration status).
- 1.9 Written details of all other existing medical employment and employers, and a signed consent to conduct 'past performance checks' were collected (if not completed in E-Recruit)
- 1.10 Original documentation, or original certified copy if not practicable, of any **additional** qualifications (ie not those used to gain registration), memberships, certificates etc used to support claim for the position was sighted, copied and certified
- 1.11 At least 2 structured referee checks (one of which meets the requirement at 1.6), using specified questions, were conducted on appointee, and identity of each referee and relationship to appointee was directly verified
- 1.12 Where verbal references were obtained, responses to the specified questions were recorded in writing
- 1.13 Where written references were obtained, identity and relationship to appointee was directly confirmed, and written responses addressed the specified questions (n/a if all references verbal)
- 1.14 Contact was made with the Health Care Complaints Commission and/or Australian Medical/Dental Board where further information was deemed necessary as part of the selection process (n/a if not necessary)
- 1.15 All members of the Interview Subcommittee had access to the entire written application, curriculum vitae and supporting documentation for each applicant under consideration
- 1.16 If the position to be filled was a specialist position, the Interview Subcommittee included a medical practitioner from the specialty/sub-specialty in which privileges were sought (n/a if not specialist position)
- 1.17 The convenor of the Interview Subcommittee has completed selection techniques training.

*** Where a current supervisor/manager was not able to be contacted, the applicant is only to be recommended if the subcommittee can verify the applicant's claim for the position through other referee checks and confirm the applicant as the most suitable for the position.*

(name) (title)
(signature) (date)/...../.....

Employment of Staff Specialists (and Clinical Academics)

Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Staff Specialists and Clinical Academics



Critical Actions Compliance Declaration (continued)

2.0 Chair, Credentials (Clinical Privileges) Subcommittee

I confirm that the following occurred in determining that the attached scope of clinical practice be granted to the recommended applicant:

- 2.1** The Credentials (Clinical Privileges) Subcommittee membership included a medical practitioner from the specialty or sub-specialty in which privileges were determined
- 2.2** The Credentials (Clinical Privileges) Subcommittee considered all of the information provided, and was satisfied that the information was sufficient to recommend that the attached scope of clinical practice be granted.

(name) **(title)**

(signature) **(date)**/...../.....

3.0 Chair, Medical and Dental Appointments Advisory Committee (or Delegate)

I confirm that the following has occurred prior to the appointee's commencement at work:

- 3.1** All members of MDAAC had access to the entire written application, curriculum vitae and supporting documentation for each applicant under consideration
- 3.2** In recommending the attached appointment and associated scope of clinical practice, MDAAC considered the information and advice provided by its subcommittees, and is satisfied that the appointee underwent all necessary checks, and is a fit and proper person to be appointed to the position.

(name) **(title)**

(signature) **(date)**/...../.....

4.0 Decision maker (Chief Executive or Delegate):

I confirm that:

- **I had access to the entire written application and all supporting documentation for all applicants under consideration for the position**
- **I was provided with written advice from MDAAC that included a structured explanation of the decision leading to the recommended appointment and determination of scope of clinical practice.**

In approving the appointment of the recommended applicant, I confirm that:

- **All employment related checks (including any necessary criminal record checks**) were conducted. Indemnity coverage was checked (if required).**
- **The recommended applicant and proposed scope of clinical practice were determined in line with all key requirements of the relevant NSW Health policy relating to the recruitment and selection of staff specialists and clinical academics**
- **The recommended applicant is a fit and proper person to be appointed to the position.**

Decision maker:

(name)..... **(title)**.....

(signature) **(date)**/...../.....

**** Provisional commencement may occur in emergency circumstances - see NSW Health policy for employment screening. All boxes must be ticked and the appropriate signature blocks completed prior to the staff specialist or clinical academic commencing work in the LHD. The completed document must be placed on the appointee's Personnel File, and a copy kept with appointment papers if they are retained separately.**

Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Security Staff (Pre-Employment Screening)



Issue date: May 2012

PD2012_028

**Recruitment and Selection of Staff of the NSW Health
Service - Additional Standards for Security Staff
(Pre-Employment Screening)**



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Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Security Staff (Pre-Employment Screening)



1 BACKGROUND

1.1 About Module Three

The purpose of this Module is to outline the specific **additional requirements** that exist when recruiting and selecting security staff. Module One remains the primary source of standards for all recruitment and selection.

1.2 Who should be tested and when

Applicants for security positions (eg security manager, security officer and health and security assistant) who have been successful in gaining an interview must be pre-employment tested prior to interview. It is irrelevant whether the prospective applicant is currently employed within the NSW Health Service.

Pre-employment screening of all applicants selected for interview ensures the integrity of the recruitment process by allowing the selection panel to assess each applicant with the same level of available evidence.

NSW Health agencies may, after consultation, test existing security officers to determine whether additional training would enhance the provision of existing security services. For example, testing of existing staff may be recommended following investigation of a particular incident or as part of a review of security training programs.

Testing must not form part of any disciplinary process.

1.3 Job information

Notification that pre-employment screening forms part of the recruitment process must be included in the advertising process and in job information packages.

1.4 Description of the tests

Pre-employment screening comprises two psychometric tests.

The e-bilities Test

This test is an ability or cognitive test that covers numeracy, literacy and problem solving abilities. The applicant enters answers to the test directly into the *e-bilities* computer software program. The test requires the applicant to choose the correct answer to a problem from a small selection of possible answers. Computer literacy is not required for this test.

The Hilson Safety/Security Risk Inventory

This test is a behavioural based questionnaire that provides a risk taking profile by looking at how the applicant behaves, or has behaved, under pressure and what judgement is exercised. The rationale for behavioural tests is that the best predictor of future behaviour is past behaviour.

This is a pencil and paper test, where responses are keyed into a computer by the test administrator and sent via modem to an external provider who scores the tests and returns the results via modem.

1.5 Administration of the tests

Only staff who have undertaken training from Lewis Cadman can administer the tests. This is to maintain the integrity of the testing process.

Recruitment and Selection of Staff of the NSW Health Service - Additional Standards for Security Staff (Pre-Employment Screening)



A staff member who is trained as the test administrator will have prime responsibility for the testing, with assistance from the security manager as appropriate. It is essential that the security manager is well informed about the purpose of the testing and is able to explain the process to security and other staff.

1.6 Documentation

The resulting information from the screening is as follows:

- **e-abilities Test** results printed from the computer program
- **Hilson Safety/Security Risk Inventory Report** – a narrative report including graphs
- **Test Result Summary Sheet** - used by NSW Health agencies to record the results of the three e-abilities tests, plus the three factors in the Hilson Safety/Security Risk Inventory, against appropriate benchmarks.

1.7 Copyright

Lewis Cadman Consulting P/L and Hilson Research Inc own the respective test materials, test report formats and test result summary sheets. Disclosure of test information may constitute a breach of the contractual guidelines under which the test materials were supplied.

Test reports, test protocols and summary sheets are protected by copyright laws and may not generally be copied or disclosed without the permission of the copyright holder, Lewis Cadman Consulting, phone number (02) 82112763, email:

lcc@lewiscadman.com.au, www.lewiscadman.com.au

1.8 Use of test results

There are no pre-determined scores on either test that describes the ideal candidate. The selection panel should consider test findings, along with all other aspects of the recruitment and selection process, having due regard for the duties of the position and availability of potential applicants in the employment market place.

However, for the selection panel to be able to make an appropriately informed decision, members will need to be provided with sufficient information to allow them to understand the results, and to explore issues at interview that may have arisen through the screening process. The local test administrator will have a key role to play in this process. Advice may also be sought from Lewis Cadman.

The test results are not to be used as the sole determinant for a recommendation, as on their own the results provide only limited information.

1.9 Storage of test results

Due to copyright issues associated with the test materials, photocopies of test results should not be provided to job applicants or the successful applicant.

It is not appropriate that results be placed on the personnel file of the successful applicant. As the testing is part of the recruitment process, test results and signed consent forms should be kept only in the recruitment file. The recruitment file should then be appropriately disposed of in accordance with the *State Records General Disposal Authority* requirements.

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1.10 Confidentiality of test results

Information resulting from the tests must be kept in the strictest confidence. Software and test documentation must be kept securely and software passwords not divulged to unauthorised personnel.

Confidentiality of the test results must be maintained at all times, with results only being provided to appropriate individuals, eg the interview panel, human resource manager.

1.11 Cost of the tests

Agencies need to contact Lewis Cadman to arrange for provision of tests, and will be responsible for the cost associated with all future tests.

2 PROCEDURES FOR PRE-EMPLOYMENT SCREENING

2.1 Before the test session

2.1.1 Pre-employment Screening Consent Form

Prior to being tested, all applicants will be required to complete a form consenting to the use of the test information for recruitment purposes (approved consent form attached). The completed form enables NSW Health agencies to comply with relevant privacy legislation, and has been drafted with the assistance of Legal and Regulatory Services Branch, Ministry of Health.

2.1.2 Identification required

Applicants should be advised in advance of the test that photo identification, such as a driver's licence, is required to be noted on the pre-employment consent form by the test administrator. Where a current security licence is an essential requirement, the licence should be produced prior to testing, as well as at interview, so the possibility of time and resources being wasted on testing an applicant who may not meet that essential requirement is avoided.

2.1.3 Time taken for the tests

Applicants should be advised how long the tests will approximately take, including instruction time.

Based on tests run to date, it is advised to allow 25 to 35 minutes for each of the tests. Where the applicant's English language skills are not strong, the tests may take longer.

2.2 During the test session

2.2.1 Test conditions

All applicants should be tested under the same conditions. Testing may occur in either a group or individual setting.

The test administrator should ensure that each applicant:

- Is provided with the standard instruction sheets to read prior to commencement of the test session
- Understands their results are confidential
- Understands they should ask any questions they may have about the process prior to commencing the test
- Is comfortable with the test conditions and should report anything that might affect the test results.

Tests should be appropriately supervised, and undertaken in a separate office if possible, or at the very least in an area that is free from external distractions and noise.

2.2.2 Computer equipment required

The **e-bilities test** software is compatible with most operating systems, and requires a stand alone computer with a connection to a printer in a secure area. There is also a web-based version available for use by NSW Health agencies, though an Internet connection is required. Costs are similar for testing using either system.

To score the **Hilson test**, the computer must be connected to a modem and have access to international dialling. The software can run on a basic computer such as a 486 model, a laptop or small notebook but a modem with international dialling access is required for the latter.

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2.2.3 Testing in remote locations

Some applicants, especially those in isolated rural settings, may be required to travel a considerable distance to undertake the test. In such instances, agency human resource managers have agreed to refer the applicant to the nearest NSW Health agency if the test location is closer. This is an informal arrangement that may be considered if the applicant raises the issue of distance to the test location.

2.2.4 Retesting

It is at the NSW Health agency's discretion whether it retests an unsuccessful applicant who applies, at a later date, for a security position within that agency. Test providers have indicated that the outcome of retesting is unlikely to vary within twelve (12) months.

2.3 Post interview feedback

In accordance with current practice, unsuccessful applicants may seek post interview counselling on why they were not successful for a security position.

As the results of the tests are only part of the recruitment process, any final recommendation, should be based on consideration of all aspects of the process. Agencies should ensure that balanced feedback on all aspects of the applicant's performance is provided.

Copies of test results should not be provided as part of this process.

**Recruitment and Selection of Staff of the NSW Health
Service - Additional Standards for Security Staff
(Pre-Employment Screening)**



3 APPENDICES

Appendix Number

Title

Appendix 3.1

Pre-Employment Screening Consent Form

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Service - Additional Standards for Security Staff
(Pre-Employment Screening)**



Appendix 3.1

CONSENT FORM

PRE-EMPLOYMENT TESTING

I(first name)(family name) date of birth
(*confirmed from photo ID/drivers licence*) declare that I am the person named.

I understand that pre-employment testing involves the assessment of my suitability for employment and requires me to complete a range of computerised tests and a written questionnaire.

I also understand that certain personal information collected through the tests will be held on a database byLocal Health District/Specialty Network
.....(address).

I consent to such information being made available to those parties involved in assessing my suitability for employment to a security related position within the Local Health District/Specialty Network.

I also consent to the information being released to the NSW Ministry of Health and to other Government agencies which may become involved in the recruitment process.

Signature:

Date:

Identification type:.....sighted by:.....(name)

.....(position).....Local Health District

**Recruitment and Selection of Staff of the NSW Health
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Annual Recruitment Campaign**



Issue date: May 2012

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Recruitment and Selection of Staff of the NSW Health Service – Additional Standards for Junior Medical Officer Annual Recruitment Campaign



1 BACKGROUND

1.1 Purpose of Module Four

The purpose of this Module is to outline the specific **additional** requirements that exist when recruiting, selecting and appointing junior medical staff during the annual recruitment period. Module One remains the primary source of standards for all recruitment and selection actions.

The key dates for the annual recruitment of junior medical staff will be released on the Ministry of Health website as an Information Bulletin, and will also include the clinical term dates. Operational information related to an individual year's recruitment campaign will be released as a Junior Medical Officer Annual Recruitment campaign bulletin via email.

This document should be brought to the attention of all personnel involved in the recruitment of junior medical staff. In respect to vocational training positions, while the selection processes for each program may vary between different specialities, it is the employer's responsibility to ensure that the selection process for positions is consistent with NSW Health recruitment and selection principles of merit, fairness, impartiality and transparency.

1.2 Relationship to other policies

As far as practicable all additional recruitment and selection related policy requirements for the annual recruitment of junior medical staff have been incorporated into this Module. However a small number of other key, subject specific policies will need to be considered alongside this Module, as identified below:

- *Medical Officers - Employment Arrangements in the NSW Public Health System PD2010_074*

1.3 Definitions

AEST: Australian Eastern Standard Time

Junior Medical Staff: consists of medical practitioners seeking positions in the annual recruitment period under the Public Hospital (Medical Officers) Award (with the exception of intern positions). It includes vocational training and non vocational positions.

PGY: postgraduate year.

1.4 Prevocational Trainees

Interns engaged as prevocational trainees under a two year contract within a Prevocational Network should not apply for a position in their second post graduate year as they are able to continue their employment in their second post graduate year within their existing Networks.

If an intern wishes the opportunity to change Networks in their second post graduate year, there are several limited options in which they may seek to do this. For further information please contact the Health Education and Training Institute (HETI).

1.5 Delegated Authorising Officer

Each Local Health District/Specialty Health Network will nominate a Delegated Authorising Officer (DAO) for the Junior Medical Officer annual recruitment campaign. This person is responsible for

Recruitment and Selection of Staff of the NSW Health Service – Additional Standards for Junior Medical Officer Annual Recruitment Campaign



-
- Approving positions for advertising and the subsequent appointments for those positions prior to preliminary offers being sent to applicants.
 - Communicating recruitment campaign information to all relevant stakeholders within the Local Health District/Specialty Health Network such as recruitment campaign bulletins, policy and Ministry of Health information bulletins.
 - Ensuring recruitment and selection polices and campaign business processes are being adhered to, and
 - Liaising with Junior Medical Officer Unit and other medical recruitment personnel within the Local Health District/Specialty Health Network to ensure adequate resourcing for the recruitment campaign and appropriate staff within the Local Health District/Specialty Health Network attend eRecruitment training.

2 RECRUITMENT AND SELECTION STANDARDS

2.1 Vacancy identified

Section 2.1 Module One outlines requirements for responding to identified vacancies.

2.2 Review position documentation

Section 2.2 Module One outlines requirements for reviewing position documentation.

2.3 Action prior to advertising

Section 2.3 Module One outlines requirements for action to be taken prior to advertising.

2.4 Employment without advertising

- Some vocational training programs do not advertise positions in the annual NSW public health system online recruitment process, but instead the Medical College will separately recommend doctors who they deem are suitable to enter their training programs.
- Where this occurs, the final decision to employ a doctor selected by a Medical College into the College training program against a vacant position is at the discretion of the employer. A Medical College, after selecting a doctor into a training program, must provide advice to the employer about the trainees selected into their program and may also provide recommendations on which training positions would meet the training requirements.
- The College trainee will then be required to submit their details to the employer (i.e. curriculum vitae). The employer will determine the suitability of each trainee against the requirements of the position. This may be facilitated through interviews. Where the employer believes a trainee is suitable for a position, satisfactory referee checks must be conducted (see section 2.12). This must be done prior to the trainee receiving a letter of employment.
- Where the employer has confirmed that two referee checks have already been undertaken by the Speciality College and these checks comply with the requirements as outlined in section 2.12, the employer will not be required to undertake additional checks if they do not wish to do so. In such circumstances, the employer must:
 - Review the College referee reports to ensure compliance with the requirements outlined in section 2.12 and to determine the suitability of the applicant for employment into the position; and
 - Make direct contact with each referee to verify their identity and relationship to the applicant; and
 - Keep copies of each referee report on the employee's personnel file.
 Where the College referee checks do not comply with NSW Health requirements and the above has not been undertaken, they cannot be used in substitution for the employer undertaking their own referee checks.
- All other relevant pre employment checks (e.g. 100 point identification check, Working with Children Checks, confirmation of Medical Board registration and Service Check Register) must also be conducted before an applicant can commence employment.

2.5 Advertising requirements

- All positions advertised during the annual recruitment period for junior medical staff are to be advertised through the centralised eRecruitment system. Local Health Districts must not independently advertise junior medical staff positions during the annual recruitment period outside of this process, with the exception of postgraduate fellows and clinical superintendents.

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- The NSW Ministry of Health will co-ordinate advertisements referring applicants to the eRecruitment system during the campaign in state, national and international media.
- Local Health Districts/Specialty Health Networks are to nominate coordinators who are responsible for managing the recruitment process for the annual recruitment of junior medical staff, which includes using the eRecruitment system.
- The eRecruitment system will be located on the NSW Ministry of Health website. Applicants must apply for positions using the eRecruitment system i.e. online. Applicants will need a valid and up to date email address as preliminary offers will be made via email. A current contact telephone number is also required to arrange interview dates and times.
- Junior medical staff recruited to vocational training positions are to be engaged for the minimum potential period for completion of the training program. If a trainee does not complete the requisite training requirements within the time period of their existing contract of employment, they must reapply for employment.
- Junior medical staff recruited outside the annual recruitment period to ad hoc vacancies can only be appointed up to the end of the current clinical year, and the vacancy readvertised for the following clinical year. However, if the appointment is to a speciality currently experiencing workforce shortages as determined by the Local Health District/Specialty Health Network an appointment may be made for a period no greater than two years.

2.6 Position information package

Section 2.6 Module One outlines the requirements for information packages.

2.7 Approval to engage a recruitment consultant

Section 2.7 of Module One outlines the requirements for seeking approval to utilise recruitment consultants.

2.8 Application management

Section 2.8 of Module One outlines the standards for application management. In addition written applications will only be accepted in exceptional circumstances (e.g. the applicant cannot access a computer/internet) and this will be determined on a case by case basis by the convenor. In such circumstances the convenor will organise alternative means for the applicant to receive and supply information.

2.9 Selection process

The selection process leading to the employment of junior medical staff during the annual recruitment period will include establishing a selection panel. The role of the selection panel is outlined in *section 2.9 of Module One*.

Where the selection panel is constituted as a statewide centralised recruitment panel, it must also adhere to all aspects of this policy, including being properly composed as per *2.9.1 of Module One* and the duties and role of the convenor fulfilled as per *2.9.2 of Module One*

2.9.1 Selection panel composition

Section 2.9.1 Module One outlines the requirements for the selection panel composition. In addition to the requirement outlined in *Module One*:

- The delegated decision officer (DAO) will approve the composition of each selection committee for positions within their organisation and ensure that selection committee membership is properly

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constituted. They are also responsible for approving the committee's final recommendation, including resolving any minority reports.

- For networked positions, one delegated decision maker will approve the recruitment action on behalf of all organisations involved in the network.

2.9.2 Role of the convenor

Section 2.9.2 Module One outlines the responsibilities of the convenor.

2.9.3 Role of the independent

Section 2.9.3 Module One outlines the standards for identifying independent members.

2.9.4 Conducting the cull

Section 2.9.4 Module One outlines the standards for culling applications.

In the Junior Medical Officer Annual Recruitment Campaign, further comparative culling can occur against selection criteria, workforce needs and training requirements.

2.9.5 Further assessment of applicants

Section 2.9.5 Module One provides standards for assessing applicants.

2.9.6 The interview process

Section 2.9.6 Module One outlines the requirements for the interview process. In addition to the requirements outlined in *Module One*:

- The period when interviews can occur will be advised each year by Information Bulletin. This allows organisations within the NSW public health system the opportunity to interview comprehensively. It also provides applicants with the opportunity to attend interviews at multiple sites without having to make an immediate or final decision during this time.
- Applicants must be given at least 3 days notice of the time of interview, however this notice period will be considered met if applicants are advised of the relevant interview times in the job advertisement or if both the employer and applicant consent and agree to an earlier time.
- No applicant is to be asked to accept a position at interview. Offers of employment can only be made once the delegate decision maker has approved the selection committee's recommendation (see section 2.17).
- Recognising the time constraints that arise during the annual recruitment of junior medical staff, it may be difficult for all panel members to enter their decisions at the interview stage on the eRecruitment system within the required timeframes; therefore the convenor may process these decisions on their behalf. However, in these circumstances, each panel member will be required to sign a record of the panel's decision and this documentation must be uploaded into the eRecruitment system.

2.9.7 Sight/collect mandatory documentation

Section 2.9.6.1 Module One outlines the requirements for the sighting and collection of mandatory documentation at interview.

2.10 Determine preferred applicants

2.10 Module One outlines the process for determining the preferred applicants.

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2.11 Verify information

Section 2.11 of Module One outlines the information that must be verified prior to any recommendation including a checklist of all mandatory actions required by the convenor.

All the relevant information about an applicant's qualifications, experience and registration status and past performance must be appropriately and independently verified as per **Appendix 1.5 of Module One**. A selection committee member's past knowledge of an applicant will not be sufficient to meet the standards reflected in Module One or this Module.

2.12 Conduct referee checks

Section 2.12 Module One outlines the requirements for reference checking.

However, recognising the time and resource constraints that arise during the annual recruitment period, referee checks may be conducted before interviews and written references will be accepted.

During the bulk annual recruitment of junior medical staff the referee report attached at Appendix 1 can be used in substitution for requesting separate individual referee reports for each position an applicant may have applied for.

This referee report contains a generic set of questions, therefore there is no need for a nominated referee to complete more than one referee check per applicant.

The e-Recruitment system will:

- Recognise when a referee report has been requested of the referee;
- Recognise when the referee has returned the report;
- Make the information available (including being able to review the report) to all panels where the applicant has been invited to interview;
- Only allow progression to preliminary offer if referee reports are verified as per NSW Health policy.

The panel must still explore any particular issues arising from the interview with the referee after interview, including any specific questions relating directly to the selection criteria.

Each applicant will still require two referee checks to be undertaken to be considered for a position. Where these are written referee reports, verbal contact must still be made with the referee and their identity and relationship to the applicant confirmed. The system will recognise when a referee report has been verified, so the report need not be verified with the referee multiple times.

2.13 Assessing information

Section 2.13 Module One provides standards for assessing information and conducting risk assessments where necessary.

2.14 Make recommendations

Section 2.14 Module One outlines the process for making recommendations, including eligibility lists, Australian citizenship/ residency considerations and alternative and minority reports.

2.15 Preference matching – Annual Recruitment Campaign

Section 2.15 Module One outlines the rules around when preference matching can be undertaken. In addition:

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- Preference matching can occur when there are multiple positions available across various facilities within the NSW public health system and as a consequence, applicants are asked to preference the facilities where they wish to work by ranking their most desirable facility first, their second most desirable facility second and so forth.
- As a consequence of preference matching, successful applicants will only receive one offer of employment in the first round of offers. Subsequent offers will only be sent if positions are not filled in the first round of offers and an applicant is on the facility's eligibility list. Therefore to be considered for a network or facility an applicant must apply and preference all networks/ facilities for which they want to be considered.
- The selection panel, after interviewing all of the applicants for the positions, will also rank the successful applicants. After both rankings have been completed (the applicant's and that of the panel), preference matching occurs and candidates are matched against a facility.
- The preferences of both the applicant and selection panel are to be kept confidential during the recruitment process.
- Applicant preferences refer to a preference of employment location and therefore cannot be used to cull an applicant as it does not reflect on their ability to undertake the requirements of the position. Therefore preferences must not be made available to selection panel members until after the merit selection process has been completed and they have ranked the applicants ready for the preference matching process to be undertaken.
- As preference matching is only run on successful applicants who have been recommended against available positions, referee checks must be conducted prior to preference matching.

2.16 Approval to appoint

The delegated decision maker will be required to approve the recommended applicant(s) and any eligibility lists prior to email offers being made.

Prior to approving the recommendation, the delegated decision maker must be satisfied that all necessary selection checks have taken place.

If the delegated decision maker overturns the selection recommendation, this must be documented in manner that clearly explains the decision making process, and that can be reviewed and defended in the event of a complaint.

2.17 Make the formal job offer

No verbal offers are to be made to candidates.

As a consequence, offers for all positions during the annual recruitment of junior medical staff must occur electronically and will be sent automatically from the eRecruitment system, with the exception of those circumstances outlined in section 2.8 of this Module.

2.17.1 Email Offers

- Electronic emails must be sent to all applicants informing them of the outcome of their interview. These will be in one of the following formats:
 - An email informing the applicant of a preliminary offer of a position.
 - An email informing the applicant that they have been placed on an eligibility list. These emails will be sent following the initial rounds of offers and once all positions have been filled.

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- An email informing the applicant they have not been successful once all offers have been made and all positions filled.
- Preliminary email offers cannot be sent until all applicants for the position(s) have been interviewed and the selection committee has agreed on those applicants for whom positions are to be offered and, if applicable, those applicants who will be placed on the eligibility list.
- Preliminary emails will be issued once the delegated decision maker has given approval for an offer to be made.
- A set email text is built into the eRecruitment system. The preliminary email offer includes a clear statement that the offer is conditional upon successful completion of all pre employment checks, the Service Check Register Check and obtaining registration with the Medical Board of Australia. When this offer is accepted this forms part of the employment contract.
- An applicant has two working days (48 hours) from the time and date of the email offer to accept or reject a position. If the applicant wishes to discuss the option of delaying their decision they must contact the convenor. However, failure on the applicant's behalf to accept/decline the position or obtain approval to delay their decision within the timeframe may result in the job offer being withdrawn.
- If the applicant does not respond to the email by the end of the two working day (48 hour) period, the convenor must make all reasonable attempts to contact the applicant to obtain a response before withdrawing the offer and offering the position to the next person on the eligibility list.
- Reasonable attempts to contact the applicant include contacting the applicant on the contact numbers and email provided by the applicant. Once all reasonable attempts have been made and documented the convenor is to send an email advising the applicant that no response has been received and that if a response has not been received within a new specified timeframe the offer will be considered withdrawn.
- Applicants are not to be pressured to accept or reject an offer prior to the date specified and therefore must not be approached during this period other than through the preliminary email offer.
- Offers once made cannot be withdrawn except in circumstances unless reasonable attempts to contact the applicant have been made or where adverse pre-employment or Service Check Register checks are returned, credentials cannot be verified, Medical Board of Australia registration cannot be obtained or conditions have been placed on the applicant's registration that the applicant did not previously identify and for which the facility cannot accommodate or the applicant does not comply with requirements for protection against the specified infectious diseases.
- Applicants may only accept one offer of employment. If an applicant receives more than one offer and wishes to discuss or clarify an offer to aid decision-making, the applicant may initiate verbal discussions with the convenor.

2.17.2 Employment documentation

- Written letters of employment to any position must not be issued in accordance with the annual recruitment dates.
- Standard letters have been developed for the employment of junior medical staff and are built into the eRecruitment system; including separate letters for Australian citizen/permanent residents, visa applicants, vocational training positions, non vocational training positions and networked positions. These standard letters must be used and are in accordance with the requirement outlined at Appendix 1.7 of Module one.
- While letters of employment may be issued prior to all pre employment checks being conducted, the standard letters are clear that such employment is subject to satisfactory clearances of these checks. This does not include referee checks as these are to be conducted prior to an offer of employment. As a consequence under no circumstances is a junior medical staff appointee to commence employment until all pre employment checks have been undertaken (e.g. registration

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with the Medical Board of Australia, Working with Children Check and the Service Check Register).

- The information included in the employment documentation will allow the applicant to make an informed decision, and allow the NSW Health agency to subsequently manage the successful applicant in accordance with the relevant award, legislative and policy provisions. The successful applicant must be asked to accept the offer *and* the related conditions in writing.
- Under no circumstances is a junior medical officer to commence employment prior to completing employment documentation. Acceptance of the terms of employment is to be evidenced by signing the acceptance of offer of employment form.
- The successful applicant must not make any alterations to the letter of employment. Any purported amendments or variations to a signed letter of employment will not be accepted and are of no effect.

2.17.3 Where an offer is declined

Section 2.17.2 Module One outlines the steps to take where an offer is declined. In addition:

- Applicants who have already accepted a position but who are subsequently offered another position which they wish to accept, are to notify the employer of the original position as soon as practicable to inform them they will be accepting another position and that they therefore are withdrawing for that position.

2.18 Meeting visa requirements

Section 2.14.3 and 2.18 Module One outlines information relevant to meeting visa requirements.

2.19 Advise unsuccessful applicants

Section 2.19 Module One outlines standards for advising unsuccessful applicants..

2.20 Post-selection feedback

Section 2.20 of Module One outlines standards for post selection feedback.

2.21 Publish permanent appointments

Section 2.21 Module One outlines the standards for providing unsuccessful applicants with the identity of the successful applicant, where the position is permanent, noting the majority of junior medical staff are not engaged as permanent employees but exempt employees under the *Health Industry Status of Employment (State) Award*.

2.22 Documentation and retention of records

Section 2.22 Module One outlines the standards for retention of records relating to the recruitment and selection process.

2.23 Information requests

Section 2.23 Module One outlines standards on *Government Information (Public Access) Act 2009* requests.

2.24 Complaints managements

Section 2.24 Module One outlines information relevant to reviewing recruitment and selection decisions.

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2.25 Commencing work

Section 2.25 Module One outlines the standards relating to commencing work.

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Appendix 4.1

Referee Report

- This referee report will be used for all positions the applicant has applied for during the Annual Junior Medical Officer Recruitment campaign. However, a convenor may also seek further clarification from a referee on information provided in the referee report or raised during the interview phase.
- If this referee report has been completed online or in writing you will be contacted by a Medical Administration representative to verify the referee report was completed by you.
- Please complete the questions below. In providing your responses you may wish to consult with others that have worked with the applicant and have direct knowledge of their skills, performance and competencies.
- By completing this referee report you are confirming that you are providing an honest, accurate and completed response to each question.
- The information you provide **may** form part of the selection committee report, which may be used in providing feedback to the applicant .

NAME OF APPLICANT _____

Referee Name: _____

Position Title and Organisation: _____

Email address: _____

Contact number: _____

Relationship to the Applicant: _____

Were you his/her supervisor?
If so for what period of time?: _____

Length of time you have know the applicant
/Dates you have worked with applicant: _____

1. How would you describe the applicant's skills/experience/competence (as appropriate) in the workplace in relation to the question outlined the below?

Clinical Decision Making

a. How would you assess the applicant's ability to apply their clinical knowledge and concepts to clinical situations?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

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b. How would you assess the applicant's clinical judgement, skills and ability to perform appropriate clinical assessments?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

Organisation and planning

c. How would you assess the applicant's willingness to participate in quality improvement activities that contribute to improving patient care?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

d. How would you assess the applicant's ability to manage their time and competing priorities?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

Collaboration

e. How would you assess the applicant's ability to maintain positive relationships within the workplace?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

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f. How would you assess the applicant's ability to prevent, negotiate and resolve conflict between peers and other disciplines?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

Learning

g. How would you assess the applicant's ability to accept feedback, learn from experience and modify their behaviour appropriately?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

h. How would you assess the applicant's willingness to take advantage of learning opportunities and their commitment to ongoing education and training?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

Further comments (if any): _____

Professionalism

i. How would you assess the applicant's ability to act appropriately and respectfully toward colleagues and patients?

- Poor
- Satisfactory
- Good
- Excellent
- Not able to comment

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Further comments (if any): _____

j. How would you assess the applicant's punctuality and attendance in the workplace?

- Poor
 Satisfactory
 Good
 Excellent
 Not able to comment

Further comments (if any): _____

Communication

k. How would you assess the applicant's ability to build a rapport and convey relevant information and explanations to patients and their families?

- Poor
 Satisfactory
 Good
 Excellent
 Not able to comment

Further comments (if any): _____

l. How would you assess the applicant's ability to convey clear and timely written and verbal information to colleagues and maintain adequate record documentation?

- Poor
 Satisfactory
 Good
 Excellent
 Not able to comment

Further comments (if any): _____

2. Would you re-employ the applicant if the opportunity arose? Why/why not?

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3. Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?

4. Is there anything else you think would be relevant for us to consider?

Appendix 4.2

Governance Arrangements Statewide Centralised Recruitment and Centralised Panels

Each year the recruitment of Junior Medical Officers into vocational and non vocational positions for the following clinical year occurs as an annual recruitment process utilising the Junior Medical Officer eRecruitment system. To improve efficiencies for specialties that recruited small numbers of trainees per facility and reduce the burden on trainees of having to apply for multiple positions at multiple facilities, the use of statewide centralised recruitment panels commenced in 2007.

4.2.1 Definitions

Statewide Centralised Recruitment is a business process within Junior Medical Officer Recruitment whereby participating specialties recruit to vacancies across the state using one advertisement within the Junior Medical Officer eRecruitment system, as well as a centralised interview process. In this way, the selection panel is able to consider an interviewee for multiple roles in that specialty across the state. A specialty which uses a centralised interview process but only considers applicants for appointment within a limited area, for example within a Local Health District/Specialty Health Network or not all of state, is not considered to be a specialty taking part in statewide centralised recruitment. However, a specialty as a whole may agree that rural facilities may recruit outside this process due to their location.

Statewide Centralised Recruitment Panel refers to a selection panel for a specialty which is conducting statewide centralised recruitment. This panel must be constituted and comply with the roles and responsibilities as outlined in *Section 2.9.1 of Module One*.

Convenor in a statewide centralised recruitment panel has primary duties which are the same as those outlined in *Section 2.9.2 of Module One*. The additional responsibilities specific to statewide centralised recruitment panel recruitment are outlined in the annual Junior Medical Officer recruitment business process released each year. The convenor, or any college / association which may be involved in nominating a convenor, may not recoup from the Ministry of Health any costs associated with conducting statewide centralised recruitment.

The convenor for a statewide centralised recruitment panel may be the same as the year before, however it is recommended the convenor is not the same person more than three years running. The nominated associate convenor should be considered a successor to the convenor.

Associate Convenor assists the convenor and is able to undertake the role of the convenor should the convenor become unavailable.

Junior Medical Officer (JMO) Host Unit this refers to the Junior Medical Officer unit, how ever named, which manages and hosts a statewide centralised recruitment panel. The Host Unit may or may not be located in the same facility as the convenor.

4.2.2 Governance arrangements

An authorised representative/s such as persons nominated by the executive committee or equivalent of the specialty will liaise with the Ministry of Health to establish a centralised recruitment process if the specialty is eligible and prepared for statewide centralised recruitment. If approved, the Ministry of Health will advise stakeholders through the Junior Medical Officers Recruitment Committee and the Junior Medical Officer Annual Recruitment campaign recruitment bulletins, which will include the Specialty, Subspecialty (if applicable), position type, period of training for letters of appointment,

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contact information for the Junior Medical Officer Host Unit, convenor and associate convenor. The nominated Junior Medical Officer Host Units are reviewed each year by the Junior Medical Officer Recruitment Committee. Local Health Districts/Speciality Networks which benefit from statewide centralised recruitment are eligible to have facilities nominated to act as a Junior Medical Officer Host Unit for one of the specialties. The Ministry of Health will receive recommendations from the Junior Medical Officer Recruitment Committee as to Junior Medical Officer Host Units.

Where possible, the same facility will act as Junior Medical Officer Host Unit for the same statewide centralised recruitment panel for a minimum of three years to benefit from the improved efficiencies which develop from prior experience. The Ministry of Health will notify the Chief Executive of the Local Health District/Speciality Network as well as the facility that they have been nominated.

If the Local Health District/Speciality Network does not accept the nomination to host a statewide centralised recruitment panel at the nominated facility, the Local Health District/Specialty Health Network Chief Executive (or delegate) will nominate where else within their Local Health District/Specialty Health Network the Junior Medical Officer Host Unit may be located.

The roles and responsibilities of all stakeholders in the statewide centralised recruitment process will be published annually in the information bulletin by the Ministry of Health.

Preliminary offers for centralised recruitment panels follow the same requirements as outlined in *Section 2.17.2 of Module One*. In the case of a statewide centralised panel each successful applicant is allocated to a facility. However in the situation that an applicant declines an offer the facility will utilise the eligibility list. If the facility is unable to fill the vacancy using the eligibility list, the position will be readvertised.

If a statewide centralised recruitment panel is unable to fill all vacancies then the position is readvertised and the same interview panel is to be reconvened to undertake the recruitment process. It may be acceptable to have a smaller interview panel if all members of the original panel are not able to attend and agree to a smaller panel. The requirements for interview panels as stated in *Section 2.9 of Module One* must still be met.

Appendix 4.3

Allocation process for NSW Health Trainees not in networked positions to enable Letters of Employment for the minimum potential period of their training program to be offered

- In 2007, the introduction of policy directive *Medical Officers – Employment Arrangements in the NSW Public Health System* enabled trainees to be engaged under one employment contract for the minimum period of their training program.
- Some speciality training programs which do not have formal networks with predetermined training places were not utilising this option, but undertook an annual recruitment process to facilitate the allocation of trainees to their next training position.
- An allocation process now replaces the annual recruitment process for those specialities that do not have a formalised network arrangement to determine placements for 2nd/3rd/4th year trainees.
- The allocation process will increase efficiency by reducing the administration burden on clinicians, administration and the trainees themselves, as it will not be as resource intensive as a full recruitment process.

4.3.1 Governance arrangements

- Authorised representatives, such as persons nominated by the executive committee or equivalent of the specialty will liaise with the Ministry of Health to determine if their speciality is eligible and prepared for an allocation process.
- If approved, the Ministry of Health will advise stakeholders through the Junior Medical Officers Recruitment Committee and the Junior Medical Officer Annual Recruitment campaign recruitment bulletins.