Guidelines: Medical Practitioner Recruitment Selection, Appointment, Credentialling, Reappointment and Recredentialling Processes within WA Health

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Introduction

In 2009, a WA Health Medical Practitioner Selection, Credentialling and Appointment Project was undertaken to facilitate consensus with the processes and documentation used for the recruitment, selection, credentialling, appointment and contract renewal for medical practitioners.

The standardised documentation addresses and provides the advice, declarations and consent forms required for credentialling, as well as the essential appointment information/documentation. This will ensure an open and fair process throughout all Health Services and confirm compliance with relevant Public Sector Standards, AMA Industrial Agreements and **WA Policy on Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners (2nd Edition)** (OD 0177/09).

Standard Forms (including Letter) Templates

The suite of standard forms has been developed to be a precursor to the implementation of a standardised database for the recruitment, appointment and credentialling of medical staff. It is anticipated the forms and letters will be generated from the database. Area Health Services, sites/services who have previously allocated considerable resources to create instructive credentialling forms, particularly for their health sites and specific specialties, (for Scope of Clinical Practice), are encouraged to continue to use their forms or attach their forms to the standard Application for Credentialling.

Terms of Reference and function of Committees

Terms of Reference for the committees will be ratified by the Area Executive Director Medical Services or equivalent. The generic Terms of Reference template for the Medical Appointment Committee was compiled after reviewing existing Appointment Committees and in accordance with the OD 0177/09 Credentialling and Defining the Scope of Clinical Practice Policy for Medical Practitioners (2nd Edition). The Appointment Committees are responsible for ensuring compliance with the relevant Public Sector Standards, AMA Agreements and **University Medical School, Teaching Hospitals, Act 1955**.

The Medical Credentialling Committees are responsible for complying with the current Policy for Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners (OD 0177/09) as well as the current Operational Directive Recruitment, Selection and Appointment Policy. Credentialling Committees may develop standard guidelines and minimum requirements to ensure that appropriately skilled and qualified medical practitioners are credentialled, and that these practitioners undertake procedures in line with their skills, qualifications and the needs of the local community.

If a teaching hospital or an Area Health Service elects to have a combined Medical Appointments and Credentialling Committee, the one Committee will be responsible for ensuring compliance with all applicable rules and regulations.

If there is an Area Health Service Credentialling Committee, this will be utilised. Outer metropolitan hospitals may manage the recruitment, appointment, credentialling, reappointment and recredentialling process of salaried medical practitioners (SMP) and non salaried medical practitioners (NSMP) via “Executive Appointment Groups” which consist of executive members as well as the Medical Director (or equivalent).

Western Australian Country Health Service (WACHS) has a two Stage credentialling process. Stage 1 is managed through the Regional Medical Director’s Office. Area-wide
Stage 2 is managed through the Area Credentialling and Scope of Practice Committee (ACSOP). Individual members of the Medical Advisory Committee (MAC) and other relevant experts, as deemed appropriate by the Regional Medical Directors, may be invited to consider applications for credentialling and determining the scope of clinical practice prior to tabling the list of applicants at ACSOP. After finalisation of credentialling through ACSOP, the names of successful applicants will be tabled for information at the appropriate MAC meeting.

For WACHS, the application form and credentialling forms are separate documents. The Credentialling and Scope of Clinical Practice Form will be completed prior to the preferred applicant signing the contract and prior to providing medical management.

**Terminology and References**

- **Appointing Officer:** is an officer of a health care facility with delegated authority to make the final decision regarding the appointment/engagement of a medical practitioner.
- **Credentialling:** is defined by the former Australian Council for Safety and Quality in Healthcare as the ‘formal process used to verify the qualifications, experience and professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments’. Please see number 1 below.
- **Credentialling and Appointment Committees:** Although there are separate Committees in place across WA Health to manage the recruitment, selection, appointment, reappointment and recredentialling, for the purposes of this document ‘the committee’ will be used to refer to the designated committee used in the Area Health Service, hospital/health service as appropriate, e.g. Appointment Committee, Appointment Executive Group and Medical Advisory Committee.
- **Defining the Scope of Clinical Practice:** from 1 below, is the process of ‘delineating the extent of an individual medical practitioner’s clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, together with the needs and capabilities of the organisation to support the practitioner’s scope of clinical practice.’
- **Medical Practitioner:** Throughout the document medical practitioner is used for all medical practitioners regardless of their classification, caring for or providing services to patients/parents/carers/clients; either employed as salaried medical practitioners or contracted medical practitioners. Refer to number 4 below.

**References:**
1 Credentialling and Defining the Scope of Clinical Practice Handbook May 2005
2 WA Policy on Credentialling and Defining the Scope of Clinical Practice for Medical Practitioners (2nd Edition) (OD 0177/09)
3 University Medical School, Teaching Hospitals, Act 1955
4 Medical Service Agreements
5 OD 23/06: Management of Overseas Trained Doctor Applications to WA Health
6 OD 0223/09: WA Health Unmet Area of Need Policy and Guidelines

**Electronic information systems or data bases**

It is a requirement under the current OD 0177/09 to: “Develop, maintain and periodically review a database which records essential information that relates to the medical practitioner’s credentials and scope of clinical practice.” Discussions are underway with Health Information Network for the implementation of a suitable system-wide database.
Employment/Engagement Appointment Committee Processes

- Confirm:
  - Requirement for position;
  - Funding for position;
  - Establish position;
  - Position number.
  - Determine duties of the position
  - Approve the JDF;
  - Essential criteria.

- Medical Administration or HCN sends applicant:
  - Application and Credentialling Form; Form 1
  - Name of contact person and final date for application.

- Administration/Appointments Committee:
  - Convenes selection panel.
  - Shortlist applications. Form 2.1
  - Interview short-list of applicants. Form 2.1
  - Complete Individual Interview Assessment Forms. Form 2.2
  - Recommend suitable applicant to Credentialling Committee. Form 2.3
  - Advice regarding Breach of Standard claim process (Public Sector Standards Process).

- Recommend applicant most suitable and available
  - Complete appointment forms; Form 3.1 and 3.2
  - Letter of Appointment sent with credentialling and probationary information in paragraph two to successful applicant with standard Health Corporate Network (HCN) paperwork.

- Head of department reviews performance documentation before confirming appointment. Form 3.3

- Send documentation to medical practitioner confirming appointment. Form 3.4

- Letter sent to medical practitioner whose contract will not be renewed. Form 3.8

Steps in the Recruitment, Selection Appointment Process

- Establishment of Position

- Advertisement for recruitment to the Position

- Assessment of Suitability of Applicants

- Selection of Applicant

- Appointment/Engagement of Medical Practitioner

- Probation of Medical Practitioner

- Medical Practitioner Position confirmed

Creditling Committee Processes

- Determine essential criteria and the scope of clinical practice required;
- Determine the credentials to be examined.

- Review and verify credentials of preferred candidate;
- Review scope of clinical practice.

- Recommends final scope of clinical practice to Appointing Officer.

- Grant recommended scope of clinical practice for probationary period.

- Receive performance management documentation regarding probationary period.

- Either recommends confirmation of contract, with permanent credentialling and scope of clinical practice, and advises of the recredentialling process due six months prior to the end of the contract.

- Recommends termination of contract after probationary period.
The Standard Process for Recruitment, Selection, Appointment and Credentialling of Medical Practitioners

Vacancy
When a vacancy for a medical practitioner occurs or a position needs to be established, a Job Description Form (JDF) must be reviewed or created, stating the relevant duties.

For Metropolitan Area Health Services: The Credentialling Committee will determine essential criteria and the scope of clinical practice required for the position. The Chair of the Credentialling Committee may delegate this responsibility to the Head of Department involved in creating the JDF.

In WACHS the JDF is created in the region; with input from the Medical Executive, and it is the classification committee who recommend and approve the establishment of a position.

Advertisement for recruitment to the Position
When confirmation that the post is funded and all the relevant and current administrative requirements have been met, the position can be advertised.

The Job Description is then sent to the Appointment Committee. The Appointment Committee recommends a Co-ordinator and Panel Members of the Selection Panel to shortlist and interview applicants. The Co-ordinator will ideally be a member of the Appointment Committee and Panel Members will usually include the Head of the Department that is recruiting the new medical practitioner and/or a medical practitioner in a similar specialty and a member of the Credentialling Committee.

Teaching Hospitals are required to have Appointment Committees set up according to the University Medical School, Teaching Hospitals Act 1955.

Outer metropolitan hospitals and some WACHS hospitals utilise specific medical executive groups, or members of MAC, usually three to four members that are invited to manage the medical recruitment/appointment process, including selection panels and interview duties.

The appointing groups are all under the direction/management of the relevant Medical/Clinical Director.

Recruitment
The Secretary to the Appointment Committee (or Senior Medical Human Resources Officer or Health Corporate Network) is responsible for supplying the following information to applicants:

- The Job Description Form
- A standard Application, Credentialling and Scope of Clinical Practice Form
- Name and number of contact person for queries

Selection - Assessment of Suitability of Applicants
The processes shall remain confidential at all stages. Credentialling and defining the scope of clinical practice occurs as part of the employment/engagement processes. At the minimum, this occurs prior to managing any component of patient care.

Applicants must submit the following documentation on or before the closing date of applications:
• A completed standard Application, Credentialling and Scope of Clinical Practice Form, Form 1
• Curriculum vitae
• Any other documentation in support of their application and ideally a statement addressing the essential criteria.

The Selection Panel or Appointment Executive Group/MAC (if outer metropolitan hospitals or WACHS) reviews all the application forms and is responsible for:

• Short listing applicants, ensuring they meet all of the essential criteria. Documented on “Medical Recruitment Confirmation of Documents and Short Listing Scoresheet”. Form 2.1
• Confirming and verifying all essential documentation has been received, signing confirmation of the process. Form 2.1 as above
• Interviewing shortlisted applicants. An “Individual Interview Assessment Sheets” may be utilised. Form 2.2
• Recording the considered opinion of at least two professional referees who are able to advise on the practitioner’s clinical skills, competency and suitability for the scope of clinical practice being sought.
• Recommending the preferred applicant and completing the “Selection Panel’s Report” Form 2.3
• Recommending the suitable applicant to the Credentialling Committee who will then define the scope of clinical practice for the medical practitioner.
• The Secretariat of the Appointment Committee will then:
  - send written notification to the preferred applicant Form 3.1 and Form 3.2
  - send written notification to the unsuccessful applicants with advice regarding Breach of Standard claim process (Public Sector Standards Process) Form 3.8
• Permanent credentialling and scope of clinical practice will be included in the confirmation of appointment letter following successful probation. Form 3.4
Credentialling
The Medical Executive, Medical Administration staff, Human Resources staff and the relevant committee at each hospital/health service will be competent with procedures required to check the credentials and the scope of practice of an individual applying for a position as a medical practitioner.

When the Credentialling Committee receives the recommendation from the Selection Panel, the following information/evidence must be reviewed and confirmed:
- The Selection Panel’s report and recommendations;
- The complete application documents of the preferred applicant.

The Credentialling Committee will:
- Review the clinical services being requested with regard to the role delineation, needs and capability of the health service and the degree of supervision available where the scope of practice is requested; and
- Define the scope of clinical practice for the preferred applicant.

The Credentialling Committee will specify in its recommendations to the Appointing Officer/Appointment Committee:
- The scope of clinical practice;
- Any conditions or limitations of practice;
- Duration – whether temporary, probationary, conditional or standard.

Appointment
The Selection Panel’s report and the Credentialling Committee’s recommendations are sent to the Appointment Committee. The Appointment Committee is responsible for ensuring Public Sector Standards have been met, in particular that all human resources management processes focussing on the employment of “the most suitable and available applicant on the basis of merit, equity and probity”, the Credentialling Policy (OD 0177/09) and the terms and conditions that apply to the employment of medical practitioners set out in the Department of Health Medical Practitioners AMA Industrial Agreement are observed.

If the recommended applicant is an international medical graduate (IMG), a contract will be sent prior to credentialling as the Medical Board of Australia (MBA) registration and Immigration Visa processes need to be commenced as soon as possible. There will be a provision in the contract that it is conditional on confirmation of registration and appropriate Immigration Visa status. The credentialling process must be completed prior to the medical practitioner’s commencement. If the IMG is given a short fixed term contract to enable a period of competency assessment, only temporary credentialling will be granted.

The secretariat of the Appointment Committee progresses the recommendations of the Selection Panel and Credentialling Committee and arranges the Contract of Employment.

The Appointment Committee and Selection Panel may be one and the same for outer metropolitan hospitals and country hospitals.

The medical practitioner is subject to a performance review prior to completion of the six (6) month probationary period. The Credentialling Committee or the WACHS Medical Director ensures that the performance review is completed. If the medical practitioner is not recommended at the end of the probationary period, the contract will be terminated by the Employer.

The Committee confirms the appointment on receipt of a satisfactory probationary report.
Form 3.3 and Form 3.4. The process will commence four months after the medical practitioner has commenced his/her contract to ensure that a letter of confirmation of the appointment is completed, and sent to the medical practitioner before the expiry date of the probationary period.

The Committee is responsible for reviewing the scope of clinical practice of all appointed medical practitioners. Under the Credentialling Policy, the scope of practice cannot be defined for a period of more than five years. The WACHS currently utilises a three year credentialling and scope of clinical practice cycle.

Temporary Appointments (Locums)

The Employer may employ a medical practitioner on a short term contract of up to six months to meet short term exigencies. Where a medical practitioner is required at short notice, the Director of Medical/Clinical Services (or equivalent) may define a temporary scope of clinical practice. This process will involve at a minimum:

- Verification of the individual’s identification;
- Verification of professional registration and ascertaining whether there are any conditions attached to the individual’s registration, which would limit his/her ability to fulfil the requirements of the position;
- Review the medical practitioner’s employment history;
- Criminal Record Check, Working with Children Check (where appropriate) and evidence of compliance with the Mandatory Reporting of Child Sexual Abuse legislation;
- At least two referee reports, preferably from the medical practitioner’s most recent employer, or equivalent;
- Verification of Immigration Visa validity if IMG.

The “Medical Practitioner Temporary Appointment and Credentialling Application Form” Form 1.2 must be completed. The completed form will be reviewed by the Director of Medical/Clinical Services (or equivalent). A fixed term letter of appointment and contract will be sent to the locum medical practitioner. Form 3.6 and 3.7.

The letter of contract for the locum must incorporate details of the temporary scope of clinical practice.

A temporary scope of clinical practice may be awarded for a period of up to six months. The Credentialling Committee must review the application and ratify this decision at its next meeting, or within a period of three months of appointment/engagement, and a formal recommendation provided to the Appointing Officer for approval. The medical practitioner is to be advised in writing of the final decision and be advised of their right of appeal.

Medical practitioners with a temporary scope of clinical practice shall not be appointed to the positions of Head of Department or Divisional Director.

Outer metropolitan hospitals and WACHS hospitals often find it necessary to appoint IMG. All IMGs employed by WACHS in senior positions where they will be independent medical practitioners are required to undertake a period of competency assessment. During this period IMGs are assessed and closely monitored/supervised. The two stage process of offering locum or short fixed term contracts with temporary credentialling does not detract from the permanent process. Once the competency assessment is complete, IMG’s will be appointed and credentialled in accordance with the processes outlined in this document.

Note: An IMG on a Temporary Visa can be offered a contract of no more than four years.
Outer metropolitan hospitals and WACHS hospitals may elect to use the standard Application and Credentialling forms to ensure that they have all information to offer a temporary contract for competency assessment, as well as the essential information required for initial credentialling and fixed appointment.

Superseded by: MP 0084/18
10 May 2018
**Standard Process for Recruitment, Selection, Appointment and Credentialling for International Medical Graduates (IMGs) – Flowchart.** Similar process to Australian and New Zealand Trained Medical Graduates with additional elements added.

### Employment/Engagement
- Confirm:
  - Requirement for position;
  - Funding for position;
  - Establish position;
  - Position number.
  - Determine duties of the position
  - Approve the JDF;
  - Essential criteria.
- Shortlist applications; **Form 2.1**
- Interview short-list of applicants; **Form 2.2**
- Recommend most suitable and available candidate; **Form 2.3**
- Advises regarding Advice regarding Breach of Standard claim process (Public Sector Standards Process)
- Employer issues contract of probationary employment or letter of fixed term appointment for **four years** or less; **Form 3.5**
- Letter of Appointment sent with credentialling and probationary information in paragraph two to successful applicant with standard HCN paperwork.
- Offer of employment from a WA Hospital/Health Service accepted; probation period; (maximum 4 years appointment in line with temporary visa)
- Employer lodges nomination for a Visa to work in Australia for WA Health on behalf of the Medical Practitioner. Once registration is granted by the MBA, nominee may lodge on-line application;
- Medical Practitioner meets conditions of Visa (once approved);
- Health Service agrees to obligations as sponsor.

### Step in the Recruitment
- **Establishment of Position**
- Advertisement of Position
- **Selection of Applicant**

### Credentialling & Registration Process
- Determine essential criteria and the scope of clinical practice required;
- Determine the credentials to be examined.
- Employer applies to MBA for registration on behalf of Medical Practitioner via one of the following pathways:
  - Competent Authority Pathway
  - Standard Pathway
  - Specialist Pathway
- Applicant arrives in Australia;
- Applicant presents to the MBA for registration to practice in a WA Hospital/Health Service.
- Visa verified prior to commencement

### Notes:
- Medical Practitioners from recognised:
  - Competent Authority countries, applying for non-specialist registration must:
    1. Provide evidence of the receipt of the Australian Medical Council (AMC) Certificate of Advanced Standing prior to application for the advertised position.
  - Standard Pathway countries, applying for non specialist registration must:
    2. Successfully complete the AMC Multiple-Choice Questionnaire (MCQ) examination prior to applying for the advertised position.

### For overseas trained specialists and specialists in training:
- For 457 Visa holders – Department of Immigration and Citizenship MUST be notified within 10 days of cessation of employment.

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**Superseded by:** MP 0084/18 10 May 2018
Appointment of International Medical Graduates
The normal process applies for Vacancy, Recruitment and Selection. The WA Health 0023/06 Operational Directive Management of Overseas Trained Doctor Applications to WA Health provides guidance and direction with applications from IMGs. Current information is available from: http://www.overseasdoctors.health.wa.gov.au/home/. The WA Health 0223/09 Operational Directive for the WA Unmet Area of Need Policy and Guidelines enables an employer unable to recruit an Australian trained medical practitioner to a vacant position, to apply for an assessment as an area of unmet need. If successful the employer is able to recruit an IMG to that specific position and location for the duration of the determination.

If the doctor is not an Australian resident and has an overseas qualification the doctor will not be credentialled until he/she completes Immigration and MBA requirements and arrives in Australia. If the recommended applicant is an IMG, a contract will be sent prior to credentialling as the MBA registration and Immigration Visa processes need to be commenced as soon as possible. The credentialling process must be completed if a valid visa is granted, prior to the medical practitioner's commencement. If the IMG is given a short fixed term contract to enable a period of competency assessment, only temporary credentialling will be granted.

If the doctor is the preferred applicant for a WACHS senior position, where they will be independent medical practitioners, they are required to undertake a period of competency assessment prior to being offered a fixed term contract. The outer metropolitan hospitals may also offer short term or locum contracts to allow supervised assessment of an IMG. All of the doctors shall be given temporary credentialling arrangements by the Medical/Clinical Director. When the medical practitioner has had their competency confirmed, he/she will be appointed and credentialled according to the standard processes.

WACHS and outer metropolitan hospitals occasionally find it necessary to use Medical Recruiting Agencies to help overcome medical staff shortages. When doctors are appointed through this process, they are also subject to periods of competency assessments before being offered fixed term positions. Visa validity is to be checked prior to appointment.

Area Health Services may sponsor an IMG to work in Australia for up to 4 years on a temporary visa. Following completion of fellowship exams, temporary residents may request support from the Area Health Service for application for permanent residency for doctors. Doctors may be sponsored on a:

- Temporary Business (Long Stay) Visa (Subclass 457) – WA Health has a sponsorship agreement to cover multiple doctors and sites. Any change to occupational classification ie from clinician to administration, will require a new visa nomination. The Department of Immigration and Citizenship will also require notification if a 457 visa holder makes any changes to the location and/or family status. Doctors are able to use a special online application form once the VAU has lodged the 457 nomination, the MBA have provided initial provisional registration and a Transaction Reference Number (TRN) has been issued.
- Subclass 422 – Medical Practitioner (Temporary) Visa – currently employers must lodge a separate sponsorship application for each doctor sponsored. Under review.
- Occupational Trainee Visa – Subclass 442 Doctors coming to Australia to undertake a supervised training program may be able to apply for an Occupational Trainee visa for up to 24 months. The doctor must be appointed to a designated training position that is not primarily a service-provision position. Organisations
Employers and overseas trained specialists (OTS) should note that as an IMG they are subject to the Health Insurance Act section 19AB (ten year moratorium) and as such are required to practice in a district of workforce shortage to access Medicare benefits. Additional requirements for registration of Overseas Trained Specialists (OTS) include:

- Requirement for an OTS to undergo college assessment for comparability to an Australian trained specialist prior to registration;
- Requirement to provide a letter of support from the relevant Australian specialist college to accompany their application for conditional registration; and
- An OTS seeking employment in an area of need position must provide a letter of support from the relevant college to support their conditional registration with the MBA which is location and position specific.

Changes to the registration pathways available to IMGs who wish to practice in Western Australia are currently occurring as a result of the Council of Australian Government’s decision to make arrangements for a new national system for the registration of health professionals.

**Reappointment Processes**

**Medical Administration:**
- Reappointment / recredentialling process to commence 6 months prior to end of contract. 
  Form 4.1
- Confirm with HOD:
  - Requirement for position;
  - Funding for position.
- Successful Performance Review Form 4.2
- Whether present incumbent is to be offered reappointment

If the incumbent **not offered** the position, the incumbent should be given reasonable notice (preferably three months) and sent the standard Non-Reappointment Letter. Form 4.3

Follow legislative requirements for medical practitioners on Visas.

If the incumbent **offered** the position, reappointment / recredentialling documents sent to medical practitioner to complete following successful review and recommendation by the appropriate Committee. Form 4.4

**Letter of Reappointment for contracted Medical Practitioner**
- sent to incumbent with credentialling information documented in paragraph two. 
  Form 4.5 Form 4.6

Medical Practitioner with permanent appointment sent letter of continued credentialling Form 4.7 and advised recredentialling process due within 5 years – three years WACHS.

**Steps in the Reappointment, Recredentialling Process**

Reappointment offered to incumbent

Medical Practitioner Reappointment and Recredentialling confirmed

**Recredentialling Committee Processes**

**Medical Practitioner with fixed term Contract**
- Three, Four or Five Years (no more than 4 years of a 457 visa)

**Credentialling Committee**
- Reviews and determine the scope of clinical practice required.
- Reviews and determine the credentials for the position.
- Receive performance documentation about incumbent from HOD before confirming reappointment.

**Credentialling Committee**
- Reviews the credentialling and scope of practice for Medical Practitioner.

**Medical Practitioner with Permanent Position**
- The Committee reviews the credentialling and scope of practice for Medical Practitioner at least 5 yearly. WACHS 3 yearly.

Committee recommendations for continued credentialling and scope of clinical practice sent to Appointing Officer.

Superseded by: MP 0084/18 10 May 2019
Reappointment/Recredentialling

There is no automatic right of reappointment for medical practitioners when a contract expires. Six months prior to the expiry of the contract Medical Employment Services must send a letter to the medical practitioner to advise that their contract expiry date is in six month’s time and that unless a new offer of employment is made the contract will cease. Form 4.1

The relevant Head of Department is to consider whether a new contract is to be offered, having regard to operational needs and the medical practitioner’s documented work performance. Form 4.2. The Head of Department will advise senior management of their views.

Advice will be provided to the medical practitioner at the earliest opportunity (ideally three months prior to the expiry of the contract) to advise as to whether a new contract will be offered or not.

- Where a new contract is not to be offered:
  Where it is proposed that a new contract of employment is not to be offered, the matter should be referred to the relevant Health Services Executive Director. Any decision not to offer a new contract of employment rests with the Executive Director of the Health Service. The relevant Health Service Workforce Director and Director of Industrial Relations should be consulted prior to a final decision being made. A standard Non-reappointment letter is sent. Form 4.3.

When an IMG with visa conditions is not offered a contract renewal, to comply with legislation the Hospital / Health Service is to advise the Department of Immigration and Citizenship (DIAC) and the Department of Health Visa Advisory Unit within ten (10) days of cessation date.

- Where a new contract is to be offered:
  If a new contract is to be offered to the current incumbent, the position need not be advertised. The medical practitioner must, however, be re-credentialled.

The medical practitioner must complete the “Reappointment/Recredentialling Application Form” Form 4.4 and forward it to the Credentialling Committee. The Credentialling Committee send their recommendations to the Appointing Officer.

By agreeing to re-credential a medical practitioner, members of the Credentialling Committee are declaring that to the best of their knowledge and belief:

- The medical practitioner’s scope of clinical practice has not been suspended, terminated or reduced at other health care facilities.
- The medical practitioner does not have any prior or current disciplinary orders, professional sanctions, criminal convictions, or any other matters reportable to the Australian Health Practitioner Regulation Agency.
- The medical practitioner has no physical or mental conditions or substance abuse problem that could affect his or her ability to perform the scope of clinical practice sought.
- The IMG has a valid visa.

The Appointment Committee receives the recommendation from the Head of Department and a copy of the Credentialling Committee’s Minutes which confirms the medical practitioner has been re-credentialled. A standard contract of reappointment must be sent to medical practitioner. Form 4.5 and 4.6. The second paragraph of the reappointment letter and contract must clearly define and confirm the scope of clinical practice.
Where the scope of clinical practice is to be changed or varied in a manner that is likely to be detrimental to the medical practitioner, the medical practitioner must be provided with an opportunity to respond prior to the final recommendations being made to the Appointing Officer.

All medical practitioners, as specified in the OD 0177/09, must be credentialled, regardless of their employment status. Health Services must ensure that permanent medical practitioners complete a Recredentialling Form and go through the credentialling process at least every five (5) years. A standard Confirmation of Recredentialling letter must be sent to the medical practitioner to confirm completion of the process. **Form 4.7.** The second paragraph of the letter must clearly define and confirm the scope of clinical practice.

**Appeal Processes**

- Recruitment, selection and appointment Breach of Standard claim process (Public Sector Standards Process):
  Medical Practitioners who are unsuccessful with an appointment may lodge a Breach of Standard claim in regards to the Recruitment, Selection and Appointment Standard under the **Public Sector Management (Breaches of Public Sector Standards) Regulations 2005.**

- Scope of clinical practice Appeal Process:
  The medical practitioner whose requested scope of clinical practice has been denied, withheld or varied from the original request has a right to appeal the decision to the Appointing Officer. The Terms of Reference of the committee will provide details of the appeals process. Within the context of natural justice, a medical practitioner has the right to appeal a decision made by the Medical Credentialling and Scope of Clinical Practice Committee. A letter stating that an appeal is requested is to be sent to the Director of Medical Services or equivalent who will forward the appeal to the committee for independent review.

**Recording of Information Relating to Recruitment, Selection, Credentialling, Appointment and Reappointment**

- **Personnel/Credentialling Files**
  Medical practitioner’s personnel / credentialling files must remain confidential. It is essential that the records are kept for a minimum of seven years as per the **Records Management Act 2000.** Additionally, the records for all 457 Visa holders must be available to Department of Immigration and Citizenship Inspectors for up to five (5) years after the sponsorship has ceased. The WA Health is required to comply with the DIAC obligations and related legislation when sponsoring medical practitioners.

- **Appointment and Credentialling Database**
  Until an approved statewide database is available, stand alone databases are encouraged to assist with data migration to a centralised system when available. It is anticipated the standard processes and forms will assist with consistent information being entered into the new system.

It is acknowledged that as a result of the introduction of the Intergovernmental Agreement for a National Registration Scheme for the Health Professions, and the impending National Medical Act, further changes to process may be required.
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FORM 4.2 Performance Management for Reappointment Medical Practitioner (5 year contract) Form
FORM 4.3 Letter of Non-reappointment
FORM 4.4 Reappointment/Recredentialling Application Form
FORM 4.5 Letter of Offer of Reappointment
FORM 4.6 Contract of Re-employment
FORM 4.7 Letter of Recredentialling (for permanent staff only)

Superseded by: MP 0084/18
10 May 2018