

Medical Superintendents – Role and Responsibilities

Human Resources Policy

Effective Date: November 2009

1 PURPOSE

To outline the role and responsibilities for Queensland Health medical superintendents.

2 APPLICATION

This policy applies to medical superintendents employed under the District Health Services – Senior Medical Officers' and Resident Medical Officers' Award – State 2003.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The 'delegate' is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- District Health Services – Senior Medical Officers' and Resident Medical Officers' Award – State 2003
- Public Sector Ethics Act 1994
- Queensland Health Code of Conduct
- Recruitment and Selection HR Policy B1
- Health Professionals Registration – Medical Officers, Nurses and Other Health Professionals HR Policy B14
- Queensland Health Clinical Governance Implementation Standard QHEPS 32543
- Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners in Queensland: A Policy and Resource Handbook 2009

6 SUPERSEDES

- IRM 2.5-33 Role and Responsibilities – Medical Superintendents employed under the District Health Services – Senior Medical Officers' and Resident Medical Officers' Award – State 2003
- ER Circular 33/07 - The requirement to maintain Professional Registration – Medical Practitioners

7 POLICY

7.1 Recruitment and selection

Medical superintendents are to ensure recruitment and employment of all medical staff is performed in accordance with Queensland Health HR policies and procedures.

Medical superintendents are to ensure requirements regarding mandatory registration are included in role descriptions and letters of appointment for all medical practitioner roles.

7.2 Clinical governance

The medical superintendent is responsible for ensuring good clinical governance. This includes safety, quality, and credentialing and scope of clinical practice activities.

7.3 Credentialing

The medical superintendent is responsible for ensuring the credentialing of medical practitioners is consistent with policy, legislative and Award provisions.

7.4 Registration

The fundamental and mandatory requirement for the engagement of a person as a medical practitioner within Queensland Health is that the person is to hold current registration with the Medical Board of Queensland (MBQ) or appropriate body, in the category for which they are employed. The renewal of registration with the MBQ occurs annually on 30 June.

7.5 Honesty and integrity

Queensland Health supports a culture that promotes honesty, integrity and openness.

Pursuant to the Queensland Health Code of Conduct all staff are to ensure they provide accurate and factual information when providing advice, both oral and written. This includes the provision of advice to line managers, senior staff, the Director-General, the Minister and professional registration bodies.

This requires the clearing officer to ensure information is based on reasonable enquiries, probative evidence and sound opinion.

8 APPLYING THE POLICY

8.1 Recruitment and selection

Prior to any medical practitioner commencing employment, medical superintendents are to be provided with proof of qualification and/or registration with the appropriate registration authority, including any necessary endorsements. The medical superintendent is responsible for validating the registration of a medical practitioner.

8.2 Registration

It is the responsibility of the medical superintendent to check that all of their medical practitioners are appropriately registered at all times. If a medical practitioner is not appropriately registered, the process outlined in Health Professionals Registration – Medical Officers, Nurses and Other Health Professionals HR Policy B14 is to be followed.

To assist this process the Queensland Health Shared Service Partner (QHSSP) is to provide a report to the district CEO listing employees whose registrations are due to expire within the following two and six week period. The district CEO has a responsibility to report to their deputy Director-General twice a year in relation to registration of medical practitioners and their adherence to limitation on scope of clinical practice.

Medical practitioners whose conditions of registration are altered are to inform their medical superintendent to manage the change in working arrangements. The medical superintendent is responsible for ensuring that medical practitioners are adhering to conditions of registration and not working outside the scope of their registration.

8.3 Facilities

When a facility is not equipped to accommodate a certain procedure the medical superintendent is responsible for ensuring that procedure is not performed.

8.4 Performance appraisal and development

Medical superintendents are to have included in their performance and development (PAD) plans the requirement to ensure their medical practitioners hold appropriate registration at all times.

9 DEFINITIONS

Medical superintendent	Includes executive director of medical services (EDMS) and district director of medical services (DDMS).
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10 HISTORY

November 2009	Amended section 7.1 and 8.4 to include recommendations from May 2007 report into 'The Employment and Management Process of Four Unregistered Individuals Employed in Intern Positions at the Cairns Base Hospital'.
August 2008	Amended to compliment HR Policy B14 Health Professionals Registration – Medical Officers, Nurses and Other Health Professionals.
May 2008	Policy reformatted into the HR policy template.
November 2007	New policy approved by the Executive Management Team (EMT).