

CQHHS Senior Medical Candidate Document Preparation Guide

To assist CQHHS in progressing your application through the shortlisting, interview and selection process we request that you upload the following completed paperwork and this checklist with your application.

Please utilise the following format for naming your documents prior to upload:

1. Short response_Surname_1.
2. Curriculum Vitae_Surname_2. *and so on*

See below the minimum requirements for each stage of the recruitment process.

STAGE 1 – Application

Short Response

A short response (maximum 1-2 pages) outlining how your experience, abilities and knowledge would enable you to achieve the accountabilities and responsibilities, meet the organisational values and addresses “How you will be Assessed”.

Curriculum Vitae

Your curriculum vitae including the date of last update.

Nominated Referees

The names and contact details of two (2) referees who have a thorough knowledge of your work performance and conduct; one of whom is your current line manager or has been your recent supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please clearly indicate this on your curriculum vitae.

Qualifications

Certified copies of your primary medical degree and specialist qualifications. Where Fellowship not yet awarded, provide evidence of training pathway and progress towards Fellowship.

Overseas trained specialists should also provide a copy of their Australian specialist college comparability assessment.

Scope of Clinical Practice

A Declaration and Application for Scope of Clinical Practice with CQHHS. The appointee will be required to undergo a credentialing process and will be granted appropriate scope of clinical practice.

STAGE 2 – Shortlisting

Should you be shortlisted, the following documentation will be required prior to interview.

Continuing Professional Development (CPD)

Evidence of Continuing Professional Development in your recognised speciality.

Employment Screening

Employment Screening Consent Form. All new employees must undergo an employment screening check (e.g. criminal history check, aged care check, NDIS Worker Screening or correctional services check). These are organised during the recruitment process and must be completed before a new employee can commence work.

Identification

Provide three (3) forms of current (in date) ID from the following list.

<input type="checkbox"/> Passport	<input type="checkbox"/> Health care card (<i>not Private Health Insurance; government issues HCC</i>)
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Pension concession card
<input type="checkbox"/> Australian citizenship certificate	<input type="checkbox"/> Working with children check (Blue Card)
<input type="checkbox"/> Australian driver licence	
<input type="checkbox"/> Australian student photo ID	<u>Where names differ across documents:</u>
<input type="checkbox"/> Australian proof of age card	<input type="checkbox"/> Change of Name Certificate / Marriage Certificate / Divorce Papers
<input type="checkbox"/> Utility bill (e.g. water, gas, electricity)	
<input type="checkbox"/> Medicare card	

**At least one ID document must be photographic and contain your signature and date of birth.*

 Vaccine Preventable Diseases (VPD)

Vaccine Preventable Diseases Evidence Form and acceptable forms of evidence. In line with the requirements listed on the role description, all employees must have approved vaccine preventable disease evidence. If you are successful at interview, your evidence will be submitted to our infection control team.

There are two forms to capture the required information. You may provide evidence using both forms, or just one, depending on the requirements and the documentation you have available to you.

- VPD Evidence Certification Form** – ask your treating medical practitioner, registered nurse, or occupational health provider to complete this form on your behalf as proof of the vaccinations/tests you have undertaken.
- OR
- VPD Evidence Form** – use this form if you already have copies of acceptable forms of evidence. You must attach copies of the appropriate documents.

 Tuberculosis Risk Assessment Questionnaire (TB)

Tuberculosis Risk Assessment Questionnaire. All new employees who will be working in clinical areas must be assessed for their risk of tuberculosis and screening undertaken if required.

 Working Rights

Provide Evidence of Australian Working Rights.

- if you are not an Australian Citizen, please provide a copy of your permanent or temporary residence visa, including advice of your current sponsor (where applicable) and the attached Authority to Obtain Details of Work Rights Status, which allows the employer to perform working rights checks.
- if you are a New Zealand Citizen, please provide a certified copy of your New Zealand passport or a certified copy of your Birth Certificate
- If you do not have working rights, please complete the attached Authority to Obtain Details of Work Rights Status. This allows the employer to perform working rights checks to assist in ensuring you have appropriate working rights in Australia.

 Life Support

Copy of current Life Support Certifications is a requirement of employment.

Please note:

- * *Documents must be current, and copies must be certified by a justice of the peace, Commissioner of Declarations, barrister or solicitor or notary public.*
- * *If a document is not in English, an English translation from a translator approved by the National Accreditation Authority for Translators and Interpreters (NAATI) is required.*



Application for Scope of Clinical Practice

NB: Information included on this application is for Medical Practitioners and Dentists requiring credentialing and Scope of Clinical Practice (SoCP). The information requested on this application form is additional to information contained within your current Curriculum Vitae (CV). Access to this information is limited to the credentialing committee, appeals committee, any level of decision maker within these processes and administration staff associated with the credentialing process.

Type of application: New Application Renewal Application
 Additional / Changed SoCP Application

Facility/ies or Hospital & Health Service/s where SoCP requested:

Central Qld Hospital & Health Service Specific Facility/ies Regional Hospital & Health Services

Personal Details	
First name:	Middle name:
Last name:	
Preferred name:	
Previous name:	
<i>(Please include your previous name if that appears on certificates)</i>	
Date of birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Contact Details		
Home address: <input type="checkbox"/> Preferred address for correspondence	Practice address: <input type="checkbox"/> Preferred address for correspondence	
Phone:	Fax:	Mobile:
Email (1):		
Email (2):		

Professional / Medical Indemnity (please attach)

Current medical indemnity insurance? Yes No Queensland Health

Insurance company	Category of coverage	Expiry date

Continuing Education and Quality Activities

It is a requirement of the Medical and Dental Boards of Australia that all practitioners undertake Continuing Medical Education (CME) / Continuing Professional Development (CPD) activities as a condition of registration. You must provide evidence of participation in CPD programs and activities consistent with the Board approved standards. If you are not participating in a CPD program then current evidence (last three years) of participation in alternative CPD activities will be required.

NB: For applicants who have obtained a fellowship within the past 12 months, the fellowship certificate will be considered to be sufficient evidence of CPD.

Are you undertaking the requirements for continuing education, re-certification, etc required by the Medical / Dental Boards of Australia?

Yes – supporting documentation must be attached to this application ▼

College / Organisation / Program	Currently enrolled	Date completed (if applicable)

No – please explain ▼

Clinical Audit / Peer Review Activities

Do you subject your clinical work to quality activity mechanisms including clinical audit, peer review etc?

Yes – please describe ▼

Organisation	Type of activity	Frequency	Reports attached
<i>e.g. M&M Meeting</i>	<i>e.g. Quality and Clinical Peer Review</i>	<i>e.g. Monthly</i>	

No – please explain ▼

Current Clinical Appointment(s)

List appointments and current SoCP that would continue concurrently at other public and private health care facilities, including period of time.

Appointment	Scope of Clinical Practice	HHS / Organisation

Please refer to CV for supporting information

References

Please nominate a **minimum of two** professional peer referees who can attest to your clinical skills and professional performance **within the past 12 months** in the areas for which you have applied for SoCP.

Referee 1 <i>Designation: Current Line Manager / Professional Peer</i>	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	

Referee 2	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	

Referee 3	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	

Applicant's Declaration and Authorisation

I, make the following declarations and authorisations.

I will ensure that my professional registration with AHPRA remains current, and acknowledge that failure to do so will lead to suspension of employment and SoCP until rectified.

I will actively participate in Continuing Professional Development (CPD) relevant to the SoCP to which I have applied.

In applying for SoCP I agree to abide by the:

- **Code of Conduct for the Queensland Public Service**
<http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf>
- **QH Health Service Directive/Policy**
<http://www.health.qld.gov.au/directives/html/c.asp>
- **Hospital and Health Services and Department of Health Policies and Regulations**
<http://www.health.qld.gov.au/qhpolicy/html/index-c.asp>
- **Terms and conditions which are attached to my SoCP.**

Please respond to each of the questions below by ticking the appropriate box.	Yes	No
1. Have you ever had an adverse finding/s made against you by a medical/dental registration authority or any other professional, disciplinary or similar bodies, including outside Australia?		
2. Have you ever had conditions or undertakings attached to your registration or had your registration suspended or cancelled by a medical/dental registration authority or similar body, including overseas?		
3. Are you currently under investigation by a medical registration authority, other regulatory authority or health facility in Australia or overseas?		
4. Has your right to practice and/or scope of clinical practice ever been denied, restricted, suspended, terminated or otherwise modified by any health care organisation, health facility, learned college or other official body, including in Australia or overseas?		
5. Has a medical defence insurer of which you have been a member ever applied conditions or refused to renew your cover or membership in Australia or overseas?		
6. Do you have any physical or other medical conditions, including substance abuse, which may limit your ability to exercise the scope of clinical practice for which you have applied?		
7. Do you have any disclosable criminal convictions i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> ? If you are unsure about the status of any criminal convictions which you have you may wish to seek legal advice in responding to this question.		

 **If you responded 'Yes' to any of the above questions, please attach a statement with details, dates and include any relevant documentation.**

Details:

I undertake to immediately notify a medical administrator (e.g. EDMS, DMS, DDMS, Clinical Director, Department Head or Medical Manager), Director of Oral Health and the Chair of the Credentialing and SoCP Committee:

1. If I become aware that I have developed a condition which would affect my ability to safely provide care to my patients.
2. Of any changes to my Australian Health Practitioner Regulation Agency (AHPRA) registration.
3. Of any current or new undertakings given or conditions, endorsements, suspensions, reprimands or notations imposed on my registration by AHPRA.
4. If I cease engagement with QH or cease private practice at a QH facility or service.
5. If I experience a restriction, withdrawal or alteration of SoCP at another health care facility or service, whether public or private.
6. Of my annual membership details for personal medical indemnity insurance (if applicable).
7. When any other changes occur to my clinical circumstances that may impact on my granted SoCP.
8. If my contact details (i.e. home/business/email/phone details) change.
9. In accordance with my obligations under the *Public Service Act 2008 QLD* and the Human Resources Policy E4 (QH-POL-127) employees are to notify supervisor if changed with or convicted of an indictable offence.

I authorise Queensland Health and its officers and/or agencies to:

- Obtain information from the Registration Body, Indemnity Insurance Organisation, Specialist College/s or Societies to which I am associated as nominated in this application, regarding the currency of my registration and/or membership of that body or organisation and regarding any other matter relevant to my application and ongoing SoCP.
- Verify details of this application with relevant individuals, external organisations, previous employer/s and to seek confidential references from nominated referees.

I declare that the facts and my response to this Application are accurate at time of application.

I fully understand that providing false information or documents may result in my SoCP not being granted, and may further result in my being subject to criminal charges and/or disciplinary action.

Print applicant name:	Print witness name:
Applicant signature:	Witness signature:
Date:	Date:

Application/Renewal Checklist

Attach a copy of your credentials (e.g. qualifications, CME/CPD, referee's reports, registration etc) which support your requested SoCP.

- Yes, photo identification attached
- Yes, current CV attached (signed and dated as true and correct – gaps in employment explained)
- Yes, base degree attached
- Yes, specialist qualifications attached
- Yes, training certification attached
- Yes, contacts for referees provided
- Yes, current CME/CPD evidence attached No, fellowship qualification less than 12 months old
- Yes, Professional Indemnity – certificate of currency attached (if applicable)

Scope of Clinical Practice Requested



- This list was compiled using current college reference sources, AHPRA specialties and fields of specialty practice not aligned with AHPRA registrations.
- Evidence of fellowship, training and currency of practice in the requested SoCP must be provided with the application.

AHPRA Registration Number:

Specialist

General Registration

Limited Registration (please state):

Addiction Medicine

Addiction Medicine

Anaesthesia

Anaesthesia

Intensive Care for Anaesthetists

Diagnostic Perioperative Transoesophageal Echocardiography (TOE) in Adults

Extracorporeal Perfusion (ECP)

Neonatal

Transplant

Other (please state):

Breast Medicine

Breast Medicine

Breast Imaging (interpretation of screening and diagnostic mammography)

Performance and interpretation of breast ultrasound

Image-guided interventional procedures

Dental Practice

General Dental Practice

Treatment under general anaesthetic (in hospital operating theatre)

Relative Analgesia (using Nitrous Oxide and Oxygen)

Intravenous Sedation

Dental Therapist Oral Health Therapist

undertaking permanent teeth extractions

undertaking orthodontic procedures

undertaking dental treatment under

General Anaesthesia

Specialist Dental Practice

Endodontics

Public Health Dentistry

Oral Pathology

Dento-Maxillofacial Radiology

Periodontics

Prosthodontics

Oral Medicine

Forensic Odontology

Orthodontics

Oral and Maxillofacial Surgery

Special Needs Dentistry

Oral Surgery

Paediatric Dentistry

Dermatology

Dermatology

Emergency Medicine

Emergency Medicine

Forensic Medicine

Forensic Medical Officer

Government Medical Officer

General Practice

General Practice

Unless otherwise specified, routine scope of clinical practice in General Practice includes all primary care areas including geriatrics, paediatrics, palliative care, antenatal care, psychiatry, internal medicine, closed orthopaedics, care of health service inpatients and patients in QH Residential Aged Care Facilities, emergency care, primary and outpatient care.

Specify any exclusions:

General Practice Advanced Specialised Skills

If requesting Scope of Clinical Practice in an Advanced Specialised Skill, please include for the Committee's consideration:

- Evidence of any certified post graduate training in the advanced skill.
- Evidence of recent relevant experience e.g. log books.
- Evidence of recent CME/CPD and upskilling in the advanced skill.
- A reference commenting on recent competence in the advanced skill.

OR

- Without formal training – evidence of substantial recent relevant experience, evidence of CME, upskilling within the past 3 years and copies of relevant documents to support your requested Scope of Clinical Practice e.g. log books.

Obstetrics (DRANZCOG Advanced)

- Perform normal deliveries, assisted deliveries (excluding Keilland's forceps) and caesarean sections
- Perform basic elective and emergency gynaecological procedures including laparotomies in emergency gynaecological situations
- Operative Laparoscopy (Level 1)
- Colposcopy

Anaesthetics (JCCA)

- Adults
- Children – state minimum age or weight:
- Epidural Anesthesia

Rural Generalist Surgery (24 months advanced skill training with ACRRM)

- Attached list of specific procedures

Aboriginal and Torres Strait Islander Health (12 months advanced skill training with RACGP or ACRRM)

Adult Internal Medicine (12 months advanced skill training with ACRRM)

Child and Adolescent Health / Paediatrics (12 months advanced skill training with RACGP or ACRRM)

Generalist Emergency Medicine (18 months post FACRRM training)

GP Emergency Medicine (12 months advanced skill training with RACGP or ACRRM)

Mental Health (12 months advanced skill training with RACGP or ACRRM)

Population Health (12 months advanced skill training with ACRRM)

Remote Medicine (12 months advanced skill training with ACRRM)

Gastroscopy (GESA Certification)

Colonoscopy (GESA Certification)

Other (please state):

Intensive Care Medicine

Intensive Care Medicine

- Echocardiography
- Gastrointestinal Endoscopy
- Extracorporeal Membrane Oxygenation (ECMO)
- Other (please state):

Medical Administration

Medical Administration

Clinical Administration in (please state):

Obstetrics and Gynaecology

Obstetrics and Gynaecology

- Advanced Operative Laparoscopy Level 4
- Advanced Operative Laparoscopy Level 5
- Advanced Operative Laparoscopy Level 6
- Advanced Endoscopic Surgery
- Lower Genital Tract Laser Surgery
- Robotic Surgery

Subspecialties

- Gynaecological Oncology
- Maternal-Fetal Medicine
- Urogynaecology
- Obstetrics and Gynaecological Ultrasound
- Reproductive Endocrinology and Infertility

Extra Training

- Paediatric Gynaecology
- Video Colposcopy of Children

Occupational and Environmental Medicine

Occupational & Environmental Medicine

Ophthalmology

Ophthalmology

- Post Fellowship Training (please state):

Paediatrics and Child Health

General Paediatrics and Child Health

Child Protection

- Level 2 – Medical staff working predominantly with children, young people and parents
- Level 3 – Designated medical child protection practitioner

Clinical Genetics (Paediatric)

Community Child Health

Neonatology and Perinatal Medicine

- Echocardiography
- Ultrasound
- Other (please state):

Paediatric Cardiology

- Transthoracic Echocardiography
- Transoesophageal Echocardiography
- Fetal Echocardiography
- Paediatric Cardiac Catheterisation – Level 1 Procedures
- Paediatric Cardiac Catheterisation – Level 2 Procedures
- Paediatric Cardiac Catheterisation – Level 3 Procedures
- Paediatric Cardiac Catheterisation – Level 4 Procedures

Paediatric Clinical Pharmacology

Paediatric Emergency Medicine

Paediatric Endocrinology

Paediatric Endocrinology and Chemical Pathology

Paediatric Gastroenterology and Hepatology

- Liver Biopsy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Gastroscopy
- Endoscopic Ultrasound (EUS)
- Colonoscopy
- Balloon Enteroscopy
- Capsule endoscopy
- Other endoscopy (please state):

Paediatrics and Child Health continued
<input type="checkbox"/> Paediatric Haematology
<input type="checkbox"/> Paediatric Haematology and Pathology
<input type="checkbox"/> Paediatric Immunology and Allergy
<input type="checkbox"/> Paediatric Immunology, Allergy and Immunopathology
<input type="checkbox"/> Paediatric Infectious Diseases
<input type="checkbox"/> Paediatric Infectious Diseases and Microbiology
<input type="checkbox"/> Paediatric Intensive Care Medicine
<input type="checkbox"/> Paediatric Medical Oncology
<input type="checkbox"/> Paediatric Nephrology <input type="checkbox"/> Renal Biopsy <input type="checkbox"/> Acute Vascular Access <input type="checkbox"/> Peritoneal Access Placement
<input type="checkbox"/> Paediatric Neurology
<input type="checkbox"/> Paediatric Nuclear Medicine
<input type="checkbox"/> Paediatric Palliative Medicine
<input type="checkbox"/> Paediatric Rehabilitation Medicine
<input type="checkbox"/> Paediatric Respiratory and Sleep Medicine <input type="checkbox"/> Paediatric Bronchoscopy
<input type="checkbox"/> Paediatric Rheumatology
Pain Medicine
<input type="checkbox"/> Pain Medicine
Palliative Medicine
<input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Paracentesis and Thoracocentesis
Pathology
<input type="checkbox"/> General Pathology
<input type="checkbox"/> Anatomical Pathology
<input type="checkbox"/> Anatomical Pathology and Cytopathology
<input type="checkbox"/> Chemical Pathology
<input type="checkbox"/> Haematology
<input type="checkbox"/> Immunology
<input type="checkbox"/> Microbiology
<input type="checkbox"/> Forensic Pathology
<input type="checkbox"/> Other Postgraduate Programs <input type="checkbox"/> Clinical Pathology <input type="checkbox"/> Genetic Pathology <input type="checkbox"/> Molecular Pathology <input type="checkbox"/> Paediatric Pathology <input type="checkbox"/> Neuropathology

Physician **General Medicine**

- | | |
|---|---|
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Gastroscopy |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Liver Biopsy |
| <input type="checkbox"/> Bronchoscopy | <input type="checkbox"/> Obstetric Medicine |
- Other (please state):

 Cardiology **Adult Echocardiography**

- Level 1 – Transthoracic Echocardiography
 Level 2 – Transoesophageal Echocardiography
 Level 3 – Stress Echocardiography

 Cardiac Implantable Electronic Devices (CIED) and Electrophysiology

- Track 1 – Cardiac Implantable Electronic Devices
 Track 2 – Cardiac Implantable Electronic Devices
 Adult Cardiac Electrophysiology

 Coronary Angiography

- Diagnostic Cardiac Catheterisation and Coronary Angiography
 Percutaneous Coronary Intervention (PCI)
 Level 2 – Stress Echocardiography
 CT Coronary Angiography (CTCA) Level A Specialist
 CT Coronary Angiography (CTCA) Level B Specialist
 Lead Extraction Certification

 Clinical Genetics **Clinical Pharmacology** **Endocrinology** **Endocrinology and Chemical Pathology** **Gastroenterology and Hepatology** (attach GESA / Conjoint Committee Certificate if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Liver Biopsy | <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) |
| <input type="checkbox"/> Gastroscopy | <input type="checkbox"/> Balloon Enteroscopy |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Capsule Endoscopy |
| <input type="checkbox"/> Endoscopic Ultrasound (EUS) | <input type="checkbox"/> Other endoscopy (please state): |

 Geriatric Medicine **Haematology** **Haematology and Pathology** **Clinical Immunology and Allergy** **Clinical Immunology, Allergy and Immunopathology** **Infectious Diseases** **Infectious Diseases providing Tuberculosis Services (Regional SoCP)** **Infectious Diseases and Microbiology** **Medical Oncology** **Nephrology**

- Renal Biopsy
 Peritoneal Access Placement
 Acute Vascular Access

Physician continued

Neurology

Nuclear Medicine

- Positron Emission Tomography (PET)
- CT Coronary Angiography (CTCA)

Respiratory **Sleep Medicine**

- Flexible Bronchoscopy
- Endobronchial Stents
- Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS) TBNA
- Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS) Guide Sheath
- Medical Thoracoscopy
- Endobronchial Electrosurgery
- Rigid Bronchoscopy
- Autofluorescence bronchoscopy
- Laser Bronchoscopy

Rheumatology

- Biopsy of relevant tissues and organs
- Musculoskeletal Ultrasound
- Arthroscopy
- Injection techniques under imaging guidance
- Radioactive or Chemical Synovectomy

Psychiatry

Psychiatry

Psychiatry for Court Liaison Service (Regional SoCP)

- Administration of ECT Advanced certification in (please state):

General Psychiatry associated with Statewide Disaster Response

Public Health Medicine

Public Health Medicine (Regional SoCP)

Radiation Oncology

Radiation Oncology

Radiology

Diagnostic Radiology

- MRI
- Mammography
- Peripheral Endovascular Therapy

Tier A Procedures

Tier B Procedures

- Thoracic intervention
- Urological intervention
- Orthopaedic intervention
- Vascular interventional procedures other than basic diagnostic angiography
- Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography
- Biliary intervention including T.I.P.S.
- Gastro-intestinal intervention
- Gynaecological intervention
- Neuro-interventional procedures intracranial and extracranial

Nuclear Medicine

Rehabilitation Medicine

Rehabilitation Medicine

Retrieval Services
<input type="checkbox"/> Medical Coordination
<input type="checkbox"/> Pre-hospital and Retrieval Medicine
<input type="checkbox"/> Retrieval Medicine (Paediatric)
<input type="checkbox"/> Retrieval Medicine (Neonatal)
Sexual Health Medicine
<input type="checkbox"/> Sexual Health Medicine
Sports Medicine
<input type="checkbox"/> Sports Medicine
Vascular Medicine
<input type="checkbox"/> Vascular Medicine
Surgery
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Other endoscopy (please state):
Post Fellowship Training
<input type="checkbox"/> Colorectal Surgery <input type="checkbox"/> Upper Gastrointestinal (GI) <input type="checkbox"/> Hepato-Pancreato-Biliary (HPB) <input type="checkbox"/> Bariatric Surgery <input type="checkbox"/> Transplant Surgery (please state): <input type="checkbox"/> Other (please state):
<input type="checkbox"/> Cardio-Thoracic Surgery (Adult)
<input type="checkbox"/> Cardio-Thoracic Surgery (Paediatric)
<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Post Fellowship Training (please state):
<input type="checkbox"/> Orthopaedic Surgery
<input type="checkbox"/> Post Fellowship Training (please state):
<input type="checkbox"/> Otolaryngology – Head and Neck Surgery
<input type="checkbox"/> Post Fellowship Training (please state):
<input type="checkbox"/> Oral and Maxillofacial Surgery
<input type="checkbox"/> Paediatric Surgery
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Post Fellowship Training (please state):
<input type="checkbox"/> Urology
<input type="checkbox"/> Post Fellowship Training (please state):
<input type="checkbox"/> Vascular Surgery
<input type="checkbox"/> Peripheral Endovascular Therapy <input type="checkbox"/> Post Fellowship Training (please state):

Employment Screening Consent Form

GENERAL CRIMINAL HISTORY CHECK

NOT to be used for employees engaged in services provided in accordance with the *Aged Care Act 1997* (Cth) and Corrective Services. Request for a criminal history check in accordance with Criminal History Checking HR Policy B40 and the Public Service Commission Directive 08/23 - Suitability for employment.

Section 1: Consent statements**Queensland Health must be able to confirm your name, date of birth and signature.**

Examples of acceptable identification documents are as follows:

- | | |
|---|--|
| - Australian Driver's Licence | - Australian student identification card |
| - Passport | - Debit card |
| - Proof of age card | - Australian Naturalisation, Citizenship, or Immigration documentation |
| - Government financial benefit card or recent income tax assessment | - Certificate of Birth (or extract) or Marriage |

Consent to obtain criminal history:

This section must be completed before submitting, required information that is left blank can lead to delay in the processing of the Criminal History Check which can also lead to delay in employment.

Use of criminal history information (please read and tick appropriate box below):

I consent to the Department of Health or a Hospital and Health Service (my prospective relevant health employer), as a third party, obtaining information about my criminal history, if any, from the police, courts, prosecuting authorities or any other relevant law enforcement agencies, in accordance with s52 of the *Public Sector Act 2022* (Qld) ('the criminal history information').

I understand that if my consent is provided, my prospective relevant health employer is entitled, by law, to use the criminal history information, if any, to assess my suitability for appointment to the role I have applied for, in accordance with Chapter 3, Part 5 of the *Public Sector Act 2022*, in conjunction with the department's HR Policy B40 and the Public Service Commission Directive No. 08/23.

Importantly: If you do not consent to your criminal history information being obtained by your prospective relevant health employer, in accordance with s53 of the *Public Sector Act 2022*, your application will not be considered further by the prospective relevant health employer.

Disclosure of criminal history information (please read and tick appropriate box below):

I consent to my prospective relevant health employer disclosing the criminal history information, for the purpose of my employment, to:

If my prospective relevant health employer is a Hospital and Health Service:

- The Department of Health for secure electronic storage (as the Department of Health is the central administrator of criminal history information), and for use by a Criminal History Assessment Panel in making a recommendation to the relevant Hospital and Health Service decision maker regarding my employment; and
- Another Hospital and Health Service, in the event that I seek employment by that Hospital and Health Service.

If my prospective relevant health employer is the Department of Health:

- A Hospital and Health Service, in the event that I seek employment by the Hospital and Health Service.

I consent to release information for New Zealand Police Vet if applicable (subsequently you will tick yes in section 7). I acknowledge and understand as follows:

- The information about me that NZ Police may release in a vetting report can include:
 - a. Conviction histories.
 - b. Active charges and warrants to arrest.
 - c. Information subject to name suppression where that information is necessary to the purpose of the vet.
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and when your conviction history may be released.

- Information provided in this consent form may be used to update New Zealand Police records.
- I am entitled to a copy of the vetting report released to the offshore agency (to be provided by the offshore agency) and can request a correction of any personal information by contacting the Police Vetting Service. For further information about the vetting process, please see the [vetting website](#).



Employment Screening Consent Form

Importantly: If you do not consent to your criminal history information being disclosed by the Department of Health to a Hospital and Health Service, or by a Hospital and Health Service to either the Department of Health or another Hospital and Health Service, your application may be delayed. Please also be informed that your new prospective health employer may seek consent to obtaining current criminal history information from the Queensland Police Service under Chapter 3, Part 5 of the *Public Sector Act 2022*.

Privacy Notice

Personal information collected by the Department of Health or Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009* (Qld). The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Please use **BLOCK LETTERS** – **ALL FIELDS MANDATORY UNLESS OTHERWISE STATED.**

Section 2: Criminal history check verification

Have you undergone a criminal history check with Queensland Health in the last 3 months?

Yes

No

Section 3: Applicant details

Title	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Date of Birth	<input type="text"/>
Family name/surname	<input type="text"/>				
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>		
Australian Drivers Licence No.	<input type="text"/>	Australian Drivers Licence State	<input type="text"/>		

Section 4: Other names you have used

Family name/surname	<input type="text"/>				
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>		
Family name/surname	<input type="text"/>				
First name/given name	<input type="text"/>	Middle name/s	<input type="text"/>		

Note: If you need to record additional names please attach to this form

Section 5: Current residential address

Unit/Street no.	<input type="text"/>	Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb/town	<input type="text"/>			Post code	<input type="text"/>
Country	<input type="text"/>			State	<input type="text"/>

Section 6: Contact details

Area code	<input type="text"/>	Contact phone number	<input type="text"/>	Mobile number	<input type="text"/>
Email Address	<input type="text"/>				

Section 7: New Zealand residency verification

During the last 10 years, have you **lived in New Zealand for six months or more** (since turning 16 years of age)?

Yes (**Note:** If yes has been selected please complete residency details below and note consent to release information on page 1)

No

Unit/Street no.	<input type="text"/>	Street name	<input type="text"/>	Street type	<input type="text"/>
Suburb/town	<input type="text"/>			Post code	<input type="text"/>
Country	<input type="text"/>			State	<input type="text"/>

Employment Screening Consent Form

Section 8: Country of birth

Town / city

State

Country of birth

Section 9: Employee certification

I understand that personal information in relation to my employment may be provided to other health employers within Queensland Health, or other agents engaged by Queensland Health as authorised under relevant legislation in the event of my transfer/movement to another health employer within Queensland Health, and I consent to the disclosure of my personal information to those entities.

Note: If you need to record additional items, please attach to this form

Signature of applicant

Date

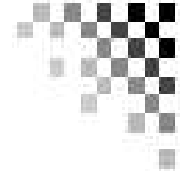
Signed in the presence of a witness who must be able to verify the identity of the applicant and be aged 18 or over.

Signature of witness

Name of witness

Contact phone number





QUEENSLAND POLICE SERVICE
IDENTIFICATION- TO CHECK NATIONAL POLICE RECORDS
AND SUPPLY NATIONAL POLICE CERTIFICATE

MR/MRS/MS/MISS (Family name)	
(First name)	(Middle name/s)

OTHER NAMES BY WHICH I HAVE BEEN KNOWN – For additional names, list on separate sheet, sign & attach.

(Family Name)	
(First name)	(Middle name/s)
(Family Name)	
(First name)	(Middle name/s)

RESIDENTIAL ADDRESS

Number/Street	
Suburb/Town/ City	
State/Territory	POSTCODE
TELEPHONE Private	Work
Mobile	Email

DATE OF BIRTH

Gender (circle)

PLACE OF BIRTH

Town/City State/Territory

Country



Criminal History Consent Form

Date: _____

I, _____

residing at _____
agree,

Privacy Notice

Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Statement of Truth

Use of criminal history information (please read and tick appropriate box below):

I consent to the Department of Health or a Hospital and Health Service (my prospective relevant health employer), as a third party, obtaining information about my criminal history, if any, from the police, courts, prosecuting authorities or any other relevant law enforcement agencies, in accordance with of the s52 of the *Public Sector Act 2022* ('the criminal history information').

I understand that once my consent is provided my prospective relevant health employer is entitled, by law, to use the criminal history information, if any, to assess my suitability for appointment to the role I have applied for, in accordance with HR Policy B40, the Public Service Commission Directive No. 7/11 and Chapter 3, Part 5 of the *Public Sector Act 2022*.

Note 1: You must indicate your consent by checking the above boxes. Please see Note 2 for consequences of failure to consent.

Note 2: If you do not consent to the above use of your criminal history information by your prospective relevant health employer, in accordance with s 153 of the *Public Sector Act 2022*, your application will not be considered further by the prospective relevant health employer.

Disclosure of criminal history information (please read and tick appropriate box below):

I consent to my prospective relevant health employer disclosing the criminal history information, at any time, to:

If my prospective relevant health employer is a Hospital and Health Service:

- the Department of Health for secure electronic storage (as the Department of Health is the central administrator of criminal history information) and for use in Criminal History Assessment Panel - Employment screening consent form and Employee movement Temporary consent form its reporting obligations (criminal history information is de-identified for purposes of reporting); and
- a Hospital and Health Service, in the event that I transfer to that Hospital and Health Service; or;

If my prospective relevant health employer is the Department of Health:

- A Hospital and Health Service, in the event that I transfer to that Hospital and Health Service.

Note 3: If you do not consent to the above disclosure by your prospective relevant health employer, your application for employment cannot be considered further by the prospective relevant health employer.

I have completed a Criminal History Check application with the Department Of Health or a Hospital and Health Service within the last three (3) months.

Employee Certification

I understand that personal information in relation to my employment may be provided to other health employers within Queensland Health, or other agents engaged by Queensland Health as authorised under relevant legislation in the event of my transfer/movement to another health employer within Queensland Health. This may include pre-employment screening information, payroll and relevant personal information.

Signed by:

_____ *Print Name*

_____ *Signature*

_____ *Date*

Witnessed by:

_____ *Print Name*

_____ *Signature*

_____ *Date*

Signed in the presence of a witness who must be able to verify the identity of the applicant and be aged 18 or over

Upon completion of this form please return to your relevant Hospital and Health Service for progress through to the Queensland Police Service.

A statutory declaration under the Statutory Declarations Act 1959 may be made before–

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Architect	Chiropractor	Dentist
Financial adviser	Financial Planner	Legal practitioner
Medical practitioner	Midwife	Migration agent registered under Division 3 of Part 3 of the Migration Act 1958
Nurse	Occupational therapist	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

- Accountant who is:
 - a) a fellow of the National Tax Accountants' Association; or
 - b) a member of any of the following:
 - i. Chartered Accountants Australia and New Zealand;
 - ii. the Association of Taxation and Management Accountants;
 - iii. CPA Australia;
 - iv. the Institute of Public Accountants
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item in this list
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this list
- Employee of the Australian Trade and Investment Commission who is:
 - a) in a country or place outside Australia; and
 - b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - c) exercising the employee's function at that place
- Employee of the Commonwealth who is:
 - a) at a place outside Australia; and
 - b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - c) exercising the employee's function at that place
- Engineer who is:
 - a) a member of Engineers Australia, other than at the grade of student; or
 - b) a Registered Professional Engineer of Professionals Australia; or
 - c) registered as an engineer under a law of the Commonwealth, a State or Territory; or
 - d) registered on the National Engineering Register by Engineers Australia

- Finance company officer with 5 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of the Australian Defence Force who is:
 - a) an officer
 - b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service
 - c) a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd
- Member of:
 - a) the Parliament of the Commonwealth
 - b) the Parliament of a State
 - c) a Territory legislature
 - d) a local government authority
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public, including a notary public (however described) exercising functions at a place outside
 - a) the Commonwealth
 - b) the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public
- Permanent employee of
 - a) a State or Territory or a State or Territory authority
 - b) a local government authority with 5 or more years of continuous service, other than such an employee who is specified in another item of this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior executive employee of a Commonwealth authority
- Senior executive employee of a State or Territory
- SES employee of the Commonwealth
- Sheriff
- Sheriff's officer
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution

Vaccine preventable diseases evidence requirements guide

Line Manager's Guide

As per *Human resources policy B1: Recruitment and selection* and the *Health Service Directive Protocol: Vaccine preventable disease screening for Contractors, students and volunteers*, from 1 July 2016 it is a condition of engagement for certain categories of applicants¹ to provide evidence of vaccination or that they are not susceptible to the specified vaccine preventable diseases (VPDs) prior to any offer of engagement being made.

The specified VPDs are listed as follows;

- **Hepatitis B**
- **Measles, Mumps, Rubella**
- **Varicella (chickenpox)**
- **Pertussis (whooping cough)** – workers for whom VPD requirements apply are to remain appropriately vaccinated by having booster doses of pertussis-containing vaccine every 10 years, and evidence of future vaccination must be submitted as a condition of continued employment.

All roles, whether for employees, Contractors² (see definition) students or volunteers, should be assessed according to the risk of acquisition or transmission of VPDs. These VPD risk categories are particularly important in determining when vaccination for the specified VPDs is mandatory or recommended. This assessment should be based on the definitions of risk categorisation of roles as Direct patient contact, Indirect patient contact and Indirect contact with blood/body fluids as defined below.

Table 1 Risk categorisation

Evidence of vaccination or proof of non-susceptibility for:	Risk categorisation for applicants			Direct patient contact or indirect contact with blood or body fluids for existing staff	Workers for roles that do not meet criteria
	Direct patient contact	Indirect patient contact	Indirect contact with blood/body fluids		
Hepatitis B	Mandatory [†]	Recommended [†]	Mandatory [†]	Mandatory [†]	Recommended [†]
Measles, Mumps, Rubella	Mandatory *	Mandatory *	Recommended	Recommended	Recommended
Varicella (chickenpox),					
Pertussis (whooping cough)					
Influenza	Recommended				

[†] Serological testing following vaccination is recommended for those at significant occupational risk of exposure. Refer to *The Australian Immunisation Handbook 10th Edition (2015 update)* for further guidance.
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-5#4-5-7>

*Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.

Risk categorisation of roles

Measles, mumps, rubella, varicella and pertussis requirement

Direct patient contact or indirect patient contact for applicants	<p>Evidence of measles, mumps, rubella, varicella and pertussis vaccination or evidence that the person is not susceptible to these VPDs is required for applicants for roles that:</p> <ul style="list-style-type: none"> • have contact that would allow acquisition and/or transmission of measles, mumps, rubella, varicella or pertussis. This applies to roles in which: <ul style="list-style-type: none"> ▪ work requires face to face contact with patients, or ▪ normal work location is in a clinical area such as a ward, emergency department or outpatient clinic, or ▪ work frequently requires them to attend clinical areas. <p>NB: Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.</p>
Hepatitis B requirement	
Direct patient contact or indirect contact with blood or body fluids for applicants and existing staff	<p>Evidence of hepatitis B vaccination or evidence that the person is not susceptible is required for all applicants and all existing workers engaged prior to 1 July 2016 who were subject to a previously existing condition of employment for roles that:</p> <ul style="list-style-type: none"> • have direct contact with patients, or • in the course of their work, may be exposed to blood/body fluids or contaminated sharps.
Workers for roles that do not meet criteria	<p>Healthcare workers employed prior to 1 July 2016 in roles in which they do not have direct contact with patients and in the course of their work would not be exposed to blood/body fluids or contaminated sharps.</p>

NB: Above risk role categories are subject to risk assessment and may require one, both, or none of the specified VPD requirements.

It is the responsibility of the chairperson/line manager to ensure the applicant meets the vaccine preventable disease screening requirements of the position. Statutory declarations from the individual will not be considered acceptable evidence that the person is vaccinated or not susceptible to the VPD. There may be cases not included in the table, for example if a person presents evidence of vaccination from overseas where different brands of vaccine may be used, or blood test was performed overseas. In these situations, seek the advice of local experts (e.g. medical practitioner or infection control practitioner). Translation of languages other than English in the evidence document is the responsibility of the applicant.

For acceptable evidence of requirements, please refer to Table 2: *Acceptable evidence of vaccination or non-susceptibility*.

Table 2 Acceptable evidence of completed course of vaccination or non-susceptibility.

Disease/Vaccine	Acceptable evidence
Hepatitis B	<p>Record of vaccination</p> <p><i>Vaccination record book with details of completed course of vaccination, clinic attended, or letter from a medical practitioner, vaccine service provider or health professional acceptable to the HHS or the Department with details of vaccine given.</i></p> <p>A full course of vaccination is required. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose but for adolescents between the ages of 11-15 it may be given as a two dose course 4-6 months apart</p> <p>Brand names of hepatitis B vaccines are:</p> <ul style="list-style-type: none"> • H-B-Vax II (adult or paediatric formulation) • Engerix-B (adult or paediatric formulation) <p>Brand names of combination vaccines containing hepatitis B vaccine are:</p> <ul style="list-style-type: none"> • Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio) • Twinrix/Twinrix Junior (hepatitis A, hepatitis B) • ComVax (Haemophilus influenza type B, hepatitis B) (ComVax is not currently available in Australia, but has been used in past National Immunisation Program Schedules). • Infanrix hep B (diphtheria , tetanus , pertussis, acellular, hep B) (Infanrix hep B is not currently available in Australia, but has been used in past National Immunisation Program Schedules).
	OR
	<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p>This form is to be completed by the candidate’s health provider.</p>
	OR
	<p>Record of immunity</p> <p><i>A blood test result showing positive anti-HBs (≥10 IU/mL)³</i></p> <p>The test may be written as:</p> <ul style="list-style-type: none"> • Hepatitis B surface antibody • Anti-HBs • HBsAb <p>Do not confuse this with other hepatitis B testing, for example; HBsAg, anti-HBc, HBeAg, anti-HBe.</p> <p>The result will be expressed as a number, or not detected. Any number equal to or greater than 10 IU/mL (≥10IU/mL) indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates a lack of immunity.</p>
OR	
<p>Other acceptable evidence</p> <p><i>Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B.</i></p> <p>Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp.</p>	
OR	
<p>Partial course of vaccine</p> <p>Documented evidence that individual has commenced a course of Hepatitis B vaccine. See Partial completion of vaccination course in Table 3.</p>	

Measles, Mumps, Rubella (MMR)	<p>Record of vaccination</p> <p><i>Vaccination record book with details of complete course of vaccination ,clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given</i></p> <p><i>Two (2) doses of MMR vaccine at least one month apart</i></p> <p>Brand names of MMR vaccine are:</p> <ul style="list-style-type: none"> • M-M-R-II • Priorix <p>Brand names of vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccine are:</p> <ul style="list-style-type: none"> • Priorix-tetra • ProQuad <p style="text-align: right;">OR</p>
	<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p><i>This form is to be completed by the candidate’s health provider.</i></p> <p style="text-align: right;">OR</p>
	<p>Record of immunity</p> <p><i>A blood test result showing positive IgG for measles and mumps and rubella⁴</i></p> <p><i>Do not confuse this with IgM.</i></p> <p style="text-align: right;">OR</p>
	<p>Other</p> <p><i>Birth date before 1 January 1966.</i></p> <p style="text-align: right;">OR</p>
	<p>Partial course of vaccine</p> <p><i>Documented evidence that individual has commenced a course of Measles, Mumps, Rubella vaccine. See Partial completion of vaccination Table 3</i></p>
	Varicella (chickenpox)
<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p><i>This form is to be completed by the candidate’s health provider.</i></p> <p style="text-align: right;">OR</p>	

Varicella (chickenpox) - continued	<p>Record of immunity <i>A blood test result showing positive IgG for varicella⁴.</i> Do not confuse this with IgM.</p>
	OR
	<p>Other acceptable evidence <i>Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox.</i> <i>Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp</i></p>
Pertussis (whooping cough)	<p>Record of vaccination <i>Vaccination record book with details of vaccine given and clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given.</i> One adult dose of diphtheria / tetanus / pertussis vaccine (dTpa) within the past 10 years. Brand names of dTpa vaccines are:</p> <ul style="list-style-type: none"> • Boostrix • Adacel • Boostrix-IPV (also contains polio vaccine) • Adacel Polio (also contains polio vaccine) <p>Do not accept evidence of ADT vaccine as it does not include pertussis vaccine.</p>
	OR
	<p>Vaccine preventable diseases evidence certification form <i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i> This form is to be completed by the candidate's health provider.</p>
	<p>Record of immunity Not applicable for pertussis.</p>

Partial completion of vaccination courses

The information below is to be used in cases when HHSs may decide to engage an individual prior to their completion of a course of vaccination. Decisions regarding management of individuals who have commenced but not completed a vaccination course should be made on a case by case basis, as a risk assessment should be made in each individual circumstance. Such a risk assessment should be undertaken in consultation with local experts. Please refer to Table 3 for guidance as to the minimum doses of vaccine courses that should be required prior to commencement. The applicant will be required to commit to completing the full course.

Table 3 Minimum doses of a vaccine course that are required prior to commencement

Vaccination	Pre offer of employment	Continuing employment
Measles, mumps, rubella (MMR)	Minimum one dose	Second dose to be administered within three months of commencement
Varicella (chicken pox)	Minimum one dose	Second dose(if required) to be administered within three months of commencement
Hepatitis B	Minimum two doses	Third dose to be administered within six months of commencement
Pertussis (whooping cough)	One dose	One dose every ten years

In instances of uncertainty or if the chairperson/line manager requires clarification of evidence of vaccination or immunity submitted by the applicant, please seek advice from local experts, e.g. staff health clinic, infection control unit, infectious diseases physician, public health unit, medical practitioner or nurse immuniser/practitioner.

Refer to the Queensland Health [mandatory vaccinations providing evidence page](#) for acceptable forms or contact your local infection control unit or staff health unit for further information.

Footnotes and further information:

1. Applicant: includes prospective employees to Queensland Health (engaged on a permanent, temporary or casual basis), existing employees moving between Queensland Health entities (e.g. between HHS or between a HHS and the Department), volunteers moving between Queensland Health entities, and prospective; Contractors, students and volunteers.
2. Contractor means a person engaged to perform services within Hospital and Health Services as an independent Contractor, including:
 - Contractors and consultants;
 - locum workers;
 - visiting medical practitioners;
 - authorised practitioners of a contracted VMO; and
 - workers engaged under an arrangement with an employment agency or workforce labour company, but does not include a person who is engaged as a health service employee under the Hospital and Health Boards Act 2011.
3. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL means that the person has the protection against hepatitis B. If the result is less than 10 IU/mL (<10 IU/mL), this means that the person does not have adequate protection against hepatitis B.
4. Positive IgG (Immunoglobulin G) means that the person has the protection against the specified VPD, which was a result from either previous natural infection or immunisation.

Vaccine preventable diseases evidence certification form

To be completed by the applicant's treating medical practitioner, registered nurse, or occupational health provider

Surname:		Practice stamp or facility name and address:
First name:		
Address:		
Date of birth:	Phone number:	
Email:		
Job Reference No:		
Health Professional Name:	Designation:	
Health Professional Signature:	Provider No: (if applicable)	

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Measles, Mumps, and Rubella	<input type="checkbox"/> Two documented doses of Measles, mumps and rubella (MMR) vaccine at least one month apart: Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> positive IgG for each of measles, mumps, and rubella ¹ Date of serology ___/___/___ Source:	<input type="checkbox"/> Birth date before 1966 <input type="checkbox"/> Partial course of MMR vaccine ² Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
		OR	OR	
Pertussis	<input type="checkbox"/> Documented history of having a pertussis containing vaccine in the past 10 years: Date of dose: ___/___/___ (ADT does not contain pertussis)	Not applicable	Not applicable	Compliant YES / NO Initial _____
Varicella	Documented history of age appropriate course of: <input type="checkbox"/> Varicella vaccination ² Date dose 1: ___/___/___ Date dose 2*: ___/___/___ (*if course is initiated after age 14)	<input type="checkbox"/> positive IgG for varicella ¹ Date of serology ___/___/___ Source:	<input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles ³ <input type="checkbox"/> Partial course of Varicella vaccine ⁵ Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
		OR	OR	



Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Hepatitis B <input type="checkbox"/> Tick if Administration Role with no hepatitis B requirement	<input type="checkbox"/> Documented history of two or three doses for age appropriate course of hepatitis B vaccine ⁴ Date dose 1: ___/___/___ Date dose 2: ___/___/___ Date dose 3: ___/___/___ (Not "accelerated" course)	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ⁵ Date of serology ___/___/___ Source:	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B ⁶ OR <input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date dose 1: ___/___/___ Date dose 2: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Hepatitis A (for plumbers and workers who have a main employment location as Woorabinda or Birribi)	<input type="checkbox"/> Documented history of two doses for age appropriate course of hepatitis A vaccine ⁷ at least six-months apart Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> positive IgG for Hepatitis A ¹ Date of serology ___/___/___ Source:	<input type="checkbox"/> positive Hepatitis A surface antibodies Date of serology ___/___/___ Source:	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Influenza (mandatory for Aged Care Facility from 1 May 2020)	<input type="checkbox"/> Documented history of current ⁹ season influenza vaccine Date of dose: ___/___/___	Not applicable	Not applicable	Compliant YES / NO Initial _____

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. Queensland Health is collecting personal information in accordance with the Information Privacy Act 2009 in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Consent

I consent to the recruitment panel / human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Name: _____

Date: _____

Signature: _____

ATAGI - The Australian Immunisation Handbook (online November 2019) brand names of vaccines are as follows:**Hepatitis B**

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)
- Infanrix hexa
- Twinrix/Twinrix Junior
- ComVax

Measles, Mumps, Rubella

- M-M-R-II
- Priorix
- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax
- Priorix-tetra
- ProQuad
- Zostavax.

Pertussis

- Adacel/ Adecel polio
- Boostrix/ Boostrix IPV

Hepatitis A

- Avaxim
- Havrix/ Havrix Junior
- Vaqta
- Twinrix/ Twinrix Junior
- Vivaxim

Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
2. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
3. Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox. Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.
4. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity
5. Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc / HBcAB), or a documented history of past hepatitis B infection.
6. Hepatitis A vaccine is usually given as a 2 dose course with 6 month minimum between doses. When Hepatitis A is given as a combination with Hepatitis B then 3 dose course as per footnote 4.
7. ComVax is brand name of vaccine not in the updated Australian Immunisation Handbook. These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.
8. A current Influenza vaccination is reflected by vaccine availability. For example the 2020 Influenza Vaccine should be current from March 2020 – April 2021

Vaccine preventable diseases evidence form

To be completed by the applicant with evidence attached

This form is to be used only if you (the applicant) have acceptable forms of evidence as per the list of acceptable forms in the table below of a completed course of vaccination or that you are not susceptible to the specified vaccine preventable diseases for your position.

Please complete the details on the form – one (1) box must be ticked for each disease.

You must attach a copy of the evidence relating to each vaccine preventable disease (each row of the table). Statutory declarations from applicants will not be accepted.

You will not be able to meet the conditions of employment if evidence is not attached for the specified VPDs specific to your role as listed below. If you do not have evidence for each disease listed, please take the **“Vaccine preventable diseases evidence certification form: To be completed by the applicant’s health care provider”** to a General Practitioner (GP) or a vaccine service provider (such as an immunisation clinic) to have the required vaccination/s or blood test/s in order to provide evidence.

Surname:	
First name:	
Address:	
Date of birth:	Phone number:
Email:	
Job Reference No:	

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Measles, Mumps, and Rubella	<input type="checkbox"/> ATTACH EVIDENCE of Two documented doses of Measles, mumps and rubella (MMR) vaccine at least one month apart: Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella ¹	<input type="checkbox"/> Birth date before 1966 <input type="checkbox"/> Partial course of MMR vaccine ² Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
	OR			
Pertussis	<input type="checkbox"/> ATTACH EVIDENCE of documented history of appropriate dose of dTpa within the past 10 years: Date of dose: ___/___/___ (ADT does not contain pertussis)	Not applicable	Not applicable	Compliant YES / NO Initial _____



Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Varicella	<input type="checkbox"/> ATTACH EVIDENCE of documented history of age appropriate course of varicella vaccination ³ (including zoster): Date dose 1: ___/___/___ Date dose 2*: ___/___/___ (*if course is initiated after age 14)	<input type="checkbox"/> ATTACH EVIDENCE of blood test showing positive IgG for varicella ¹	<input type="checkbox"/> ATTACH EVIDENCE of documented history of physician-diagnosed chickenpox or shingles ⁴ OR <input type="checkbox"/> Partial course of Varicella vaccine ⁵ Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Hepatitis B <input type="checkbox"/> Tick if Administration Role with no hepatitis B requirement	<input type="checkbox"/> ATTACH EVIDENCE of documented history of two or three doses for age appropriate course of hepatitis B vaccine ⁶ Date dose 1: ___/___/___ Date dose 2: ___/___/___ Date dose 3: ___/___/___	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity to Hepatitis B (Anti-HBs greater than or equal to 10 IU/mL ⁷)	<input type="checkbox"/> ATTACH EVIDENCE that the individual is not susceptible to hepatitis B ⁸ OR <input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date dose 1: ___/___/___ Date dose 2: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Hepatitis A (for plumbers and workers who have a main employment location as Woorabinda or Birribi)	<input type="checkbox"/> Documented history of two doses for age appropriate course of hepatitis A vaccine ⁷ at least six-months apart Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> positive IgG for Hepatitis A1 Date of serology ___/___/___ Source:	<input type="checkbox"/> positive Hepatitis A surface antibodies Date of serology ___/___/___ Source:	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Influenza (mandatory for entry to Aged Care Facility after 1 May 2020)	<input type="checkbox"/> ATTACH EVIDENCE of documented history of receiving a current ¹⁰ season influenza vaccine Date of dose: ___/___/___	Not applicable	Not applicable	Compliant YES / NO Initial _____

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. Queensland Health is collecting personal information in accordance with the Information Privacy Act 2009 in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.
For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Consent

I consent to the recruitment panel / human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Applicant please complete:

Name: _____ Date: _____

Signature: _____

ATAGI - The Australian Immunisation Handbook (online November 2019) brand names of vaccines are as follows:

Hepatitis B

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)
- Infanrix hexa
- Twinrix/Twinrix Junior
- ComVax

Measles, Mumps, Rubella

- M-M-R-II

- Priorix
- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax
- Priorix-tetra
- ProQuad
- Zostavax.

Pertussis

- Adacel/ Adecel polio
- Boostrix/ Boostrix IPV

Hepatitis A

- Avaxim
- Havrix/ Havrix Junior
- Vaqta
- Twinrix/ Twinrix Junior
- Vivaxim

Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation
2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox. Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp.
5. Pre offer of employment requires minimum of one dose of Varicella (chickenpox) vaccine course and second dose (if required) to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
6. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.
7. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity
8. Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B.
Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp. Other documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Applicants (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers).
9. Pre offer of employment requires minimum of two doses of Hepatitis B vaccine course and third dose to be administered within six months of commencement. The applicant will be required to commit to completing the full course.
10. A current Influenza vaccination is reflected by vaccine availability. For example, the 2020 Influenza Vaccine should be current from March 2020 – April 2021

Tuberculosis Risk Assessment Questionnaire for Workers in Hospital and Health Service Facilities

Worker Information			
Surname		Date of Birth	
Given name/s:		Phone-Home	
Address: Number/Street		Mobile	
Suburb/Town/City	Postcode	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Proposed commencement date		e-mail	

Instructions:

- Please complete the following questions and provide (if available) any supporting documents and additional information as indicated to the Hospital and Health Service (HHS) prior to commencement of employment.
- Retain a copy of this assessment and any relevant documentation to take with you if any further assessment is required. The HHS will advise you if any additional assessment is required.
- NOTE there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland.

Privacy Notice: Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current *Tuberculosis Control QH-Health Service Directive 2018* and the *Public Health Act 2005* and *Public Health Regulation 2018*. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to Queensland Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Part A: Signs of active TB - Do you currently have any the following symptoms?	
1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Unexplained fever for more than 1 week	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Recent unexplained weight loss	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Coughing up blood	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Excessive sweating during the night for more than 1 week	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have answered YES to any questions from Part A :	
➔ You will require a clearance for signs of active TB prior to commencement of employment. Your HHS will provide further instruction.	

Part B: TB exposure risk history	
1. Were you born in Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, in what country were you born?	
2. Other than Australia or your country of birth, have you spent three (3) months or more in total within the past five (5) years visiting or living in any other country/ies? (For example, two months in country A and one month in country B is three months in total).	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which countries?	
➔ Check the TB country incidence list (www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx) for each country you have listed in questions 1 and 2.	
3. Were you born, and/or have you spent three (3) months or more in total within the past five (5) years visiting or living in country/ies with a TB burden greater than 40 cases per 100 000 population? (see link above).	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by hospital or public health authorities? (Contact may be work or non-work related).	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you previously worked (> 3 months) in any of the following settings: respiratory units; infectious disease units or other medical units caring for infectious TB patients; clinical procedure units conducting bronchoscopy and/or sputum induction; TB laboratories; mortuaries?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Have you ever been diagnosed with active TB (i.e. not latent TB)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, in what year did you complete treatment?	
7. Do you have any underlying health issues or take any medications that cause immunosuppression?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have answered YES to any of questions 3–7 from Part B , you require further assessment. Your HHS will provide instructions. If you have previously had an assessment for TB, please provide documentation as per Part C.	



Part C: Previous TB risk assessment procedures and BCG history:

If you have previously had a test for latent TB, to avoid unnecessary repetition of testing please provide (if available) any supporting documents and additional information as indicated below as instructed by your HHS.

Previous employment or immigration screening for TB	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Previous TB risk assessment on Staff Protect (Queensland Health Staff Health Application)	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Previous pathology result (Quantiferon test or T-spot test)	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Previous printed result of a tuberculin skin test result (also called Mantoux test)	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Have you ever received a BCG vaccine? (This leaves a raised scar, usually on your arm near the shoulder)	<input type="checkbox"/> No <input type="checkbox"/> Yes - at what age (approx.)? _____

Acknowledgement and Consent:

I certify that I have read and understand the [Queensland Health: Protocol for the control of tuberculosis— section 3.3.18 Workers and students in health care facilities risk assessment](#) on the Queensland Health Tuberculosis website, in preparation for my employment I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am employed in respect of Queensland Health vaccination and infection control of health care workers.

I consent to my prospective employer giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce and infection management planning and response. This may include line managers, infection control units and TB control units.

I certify that the information I have provided in this risk assessment is true and correct.

Full Name:

Signed:

Date:

Further information and Resources

- Tuberculosis Risk Assessment—Frequently Asked Questions (FAQ) for Workers in Queensland Health Facilities
- Tuberculosis Risk Assessment— Matrix and Explanatory Notes-for administration and/or clinician use (includes testing recommendations)
- Tuberculosis Risk Assessment— Guidance for HHS Administration



Queensland Health

Permission to undertake VEVO checks

Full Name:	
Date of Birth:	
Passport Number:	
Nationality of Passport:	

I, _____, give permission for Queensland Health to undertake a Visa Entitlement Verification Online (VEVO) check in order to confirm my visa status and relevant work conditions.

If I am employed by Queensland Health, I further give permission for Queensland Health to undertake regular VEVO checks to ensure that I maintain all relevant work rights under my visa, until the time I provide to Queensland Health that I am an Australian permanent resident or Australian Citizen.

Full Name

Signature

Date

CQHHS Guideline: Life Support & Other Certifications Guide for Recruitment / Engagement of Medical Officers

Application

These requirements apply to:

- all applications for SoCP (for senior doctors)
- appointments to all medical officer positions (payroll and locum)

Where a locum medical officer holds a current CQHHS SoCP but the required certification has expired under the initial SoCP application then evidence of re-certification is required for further locum engagement.

Implementation

It is expected that these requirements will be in place within 3 months, by 31 October 2017.

Exceptions may be considered on a case by case basis.

Evidence

Evidence to be in the form of a course certificate.

An invoice, receipt or confirmation of an ALS course booking is **not** considered suitable evidence.

A Basic Life Support certificate or CPR certificate does not meet CQHHS requirements for ALS.

ALS Courses

ALS course must be accredited by the Australian Resuscitation Council. The following courses are recognised by the CQHHS as equivalent to ALS:

- Advanced Cardiac Life Support (ACLS)
- Adult Advanced Life Support
- Advanced Remote Emergency Care Course
- Clinical Emergency Management Program – Advanced (CEMP) (certificates for Adult Trauma & Paediatric Emergencies)
- Clinical Emergency Management Program – Intermediate (CEMP)
- Clinical Emergency Management Workshop
- Clinical Rural Skills Enhancement Workshop (CRuSE Workshop)
- Rural Emergency Skills Program (RESP)
- Rural Emergency Skills Training (REST)
- Rural Emergency Medicine Workshop
- Emergency Life Support (ELS)
- New Zealand Resus Council – Levels 5, 6 and 7
- Primary Response in Medical Emergencies (PRIME) – St John New Zealand
- Paediatric Basic and Advanced Life Support Course
- Regional Crisis Resource Management

Senior Medical Officers including specialists working in anaesthesia, intensive care, cardiology, emergency and medical departments are expected to have current ALS certification.

- Recertification in ALS should be undertaken every two years

1. Emergency Medicine

- Advanced Life Support (or recognised equivalent)
- Advanced Paediatric Life Support (APLS)

2. Anaesthesia

- Advanced Life Support (or recognised equivalent)

3. Cardiology

- Advanced Life Support (or recognised equivalent)

4. Intensive Care

- Advanced Life Support (or recognised equivalent)

5. Paediatrics*

- Neonatal Resuscitation within 2 years – e.g. Neo Resuscitation or equivalent
- Advanced Paediatric Life Support (APLS) within 5 years

6. Obstetrics and Gynaecology*

- Foetal Surveillance Education Program (FSEP) within 2 years
- Neonatal Resuscitation within 2 years – e.g. Neo Resuscitation or equivalent
- Advanced Life Support (or recognised equivalent)

* Neonatal Resuscitation training and annual competency assessment must be undertaken by clinical staff working in the areas of maternity and rural facilities where birthing services are offered.

7. Surgery (including all surgical sub-specialities) and Orthopaedic Surgery

- Basic Life Support (BLS)

8. Psychiatry

- Basic Life Support (BLS)

9. Internal Medicine (including Nephrology, Haematology, Palliative Medicine, Oncology, Infectious Diseases, Geriatric Medicine, Rehabilitation Medicine)

- Basic Life Support (BLS)

NOTE:

- Evidence of Life support certification **must** be provided.
- An invoice, receipt or confirmation of an ALS course booking is **not** considered suitable evidence.

Rural Generalists with Advanced Skills

1. Rural Generalists

- a) Advanced Life Support (ALS)
- b) Paediatric Life Support (PALS) - must be recertified every two years

PALS equivalent courses include:

- Advanced Paediatric Life Support
- Clinical Emergency Management Program (Intermediate or Advanced)
- Emergency Paediatrics Workshop
- Other courses accredited by ARC as equivalent to PALS

Note that a Basic Life Support Certificate or CPR certificate does not meet this requirement.

- c) Neonatal resuscitation competency – Neo-Resuscitation or Advanced Neonatal Resuscitation Certificate is required for all SMOs working in rural facilities where maternity services are offered – must be recertified every 2 years

2. Rural Generalists with Advanced Skills in Obstetrics (RANZCOG Advanced)

- a. DRANZCOG diploma which is current and has been recertified by RANZCOG within the previous 3 years
- b. Neonatal resuscitation competency – Neo-Resuscitation or Advanced Neonatal Resuscitation Certificate – must be recertified every 2 years
- c. Foetal Surveillance Course – within previous 2 years

3. Rural Generalists with Advanced Skills in Anaesthetics (JCCA)

- a) Joint Consultative Committee in Anaesthesia Certificate – must be recertified by ACRRM every 3 years as per their Maintenance of Professional Standards (MOPS) program
- b) Neonatal resuscitation competency – Neo-Resuscitation or Advanced Neonatal Resuscitation Certificate recertified every 2 years
- c) Procedural logbook of cases demonstrating recency and volume of practice in anaesthesia

4. Rural Generalist with Advanced Skills in Surgery

- b. Certification from ACRRM that all MOPS requirements have been achieved – including recertification every 3 years
- c. Procedural logbook

The following courses are recognised by CQHHS as equivalent to Paediatric Advanced Life Support:

- Advanced Paediatric Life Support (APLS) within 5 years
- Clinical Emergency Management Program – Advanced (CEMP) (certificates for Adult Trauma & Paediatric Emergencies)
- Clinical Emergency Management Program – Intermediate (CEMP) (Paediatric Emergencies)
- Emergency Paediatrics Workshop
- Paediatric Life Support (PLS)
- Paediatric Basic and Advanced Life Support Course

Registrars, Principal House Officers and Resident Medical Officers

1. Senior House Officers, Principal House Officers and Registrars working in
 - anaesthesia,
 - intensive care,
 - cardiology,
 - emergency and
 - medicineare required to have current ALS certification.
2. Principal House Officers and Registrars working in Paediatrics are required to have current PALS and Neo Resuscitation certification.
3. Principal House Officers and Registrars working in Obstetrics & Gynaecology are required to have:
 - BLS and K2 (online module) yearly
 - ALS, Neo-Resuscitation and FSEP 2nd yearly
4. PHOs and Registrars working in all other disciplines and Resident Medical Officers (rotational) are required to have BLS certification.
5. RMOs rotated to rural facilities (Emerald) are required to have current ALS and PALS certification.
6. ALS and BLS should be recertified yearly.
7. PALS and Neo-Resuscitation should be recertified every two years.