

# Schedule 2 – Specifications And Additional Obligations

## 1 Purpose

- a. The purpose of this Schedule 2 is to:
  - (i) detail the scope and range of services sought under this Agreement and;
  - (ii) specify the requirements that Contractor and / or their offered services must meet (these requirements also form part of any resulting Agreement between the Organisation and Contractor).

## 2 Scope

- a. The Participating Health Services are:
  - (i) All 'Public Health Services' (as legislatively defined) referred to in Schedule 1 and Schedule 5 of the Health Services Act 1988 (Vic); and
  - (ii) Other relevant health services and health related organisations as follows:
    - 1. St Vincent's Hospital (Melbourne) Ltd; and
    - 2. any other 'health or related service' granted access by the Organisation in accordance with the Agreement between the Organisation and Contractor.
- b. The Contractor must have the capability to deliver the Services to all of the Participating Health Services.
- c. The scope of this Agreement includes:
  - (i) the supply of Agency Medical Locums to Participating Health Services on Casual Shifts, Temporary Term or Long-Term bases, in accordance with this Schedule 2 and any Agreement between the Organisation and Contractor.
- d. The scope of the Agreement does not include:
  - (i) Casual Shifts, Temporary Terms or Long Terms that are filled by medical locums from a Participating Health Service's own casual medical pool, or other similar arrangement that is in place directly between a Participating Health Service and a medical practitioner.
  - (ii) Casual Shifts, Temporary Terms or Long Terms filled by medical locums from publicly managed medical locum schemes, including but not limited to the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Workforce Agency Victoria (RWAV).
  - (iii) Any permanent recruitment exercises.

## 3 Key Objectives

- a. The key objectives of Participating Health Services in the utilisation of locum agencies to provide Agency Medical Locum are to:
  - (i) Maximise the effectiveness and efficiency of Agency Medical Locum placement and management.

- (ii) Ensure that Agency Medical Locum are appropriately qualified, fit for duty against what has been requested by the Participating Health Service during a booking and are suitable for the roles they will perform;
- (iii) Ensure that agreed levels of service from locum agencies are maintained; and
- (iv) Achieve value for money.

## 4 Service Categories

- a. The categories of Medical Locum required under this Agreement include:
  - (i) Category 1 - Hospital Medical Officer (HMO)
  - (ii) Category 2 - Medical Officer (MO)
  - (iii) Category 3 - Registrar
  - (iv) Category 4 - Senior Medical Officer (SMO)
  - (v) Category 5 - Specialist

## 5 Definitions

In the Schedule 2, the following terms will have the following definitions, unless the context otherwise requires:

| Term  | Definition   |
|---|--|
| <b>Agency Medical Locum (AML)</b>                                   | A medical practitioner supplied to a Participating Health Service by the Contractor in accordance with the Agreement, and who may be required by the Participating Health Service in a casual or temporary capacity to provide cover: <ol style="list-style-type: none"> <li>1. for an absent member of the permanent medical staff of the Participating Health Service; or</li> <li>2. when shifts are unable to be filled by overtime or casual medical employees of the Participating Health Service, and</li> </ol> who is not an employee of the Participating Health Service and is not a member of the Participating Health Service's casual medical pool or permanent medical staff. |
| <b>Agreement</b>  | means the Deed of Standing Offer Agreement entered into by HSV and a Contractor for the provision of Medical Locum Agency Services.<br>Comprises all Schedules, Annexures of any kind and any attachments.   |
| <b>AHPRA (Australian Health Practitioner Regulation Agency)</b>     | is the state government statutory authority responsible for setting the standards and policies for all registered health practitioners.  |
| <b>AMA Victoria (Australian Medical Association (Victoria) Ltd)</b> | is the Victorian branch of the professional association state-based Agency established to promote and protect the professional interests of doctors and the healthcare needs of patients and communities in Victoria.  |

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|--------------------------|---|
| <b>Booking</b>           | A confirmed commitment by the Participating Health Service, made in accordance with this Agreement, to engage an appropriate Agency Medical Locum to fill a shift or shifts on Casual Shifts, Temporary Term or Long-Term bases as described in clause 6 of the Schedule 2.   |
| <b>Booking Enquiry</b>   | means a notification of requirements for an Agency Medical Locum as described in clause 6 of the Schedule 2   |
| <b>Booking Request</b>   | means a submitted request to engage an Agency Medical Locum through the Contractor's booking system or process.   |
| <b>Business Day</b>      | means the day, which is not a Saturday, Sunday, or public holiday (being a public holiday appointed as such under the <i>Public Holidays Act 1993</i> (Vic) in Melbourne.   |
| <b>Business Hours</b>    | means the hours between 9am and 5pm, Monday to Friday excluding public holidays   |
| <b>Casual Shifts</b>     | The requirement of a Participating Health Service in a casual or temporary capacity to provide cover for an absent member of the permanent or other medical staff of the Participating Health Service, for a period of up to two weeks (14 consecutive calendar days).  |
| <b>Category</b>          | means in relation to an Agency Medical Locum a defined specialty and level of professional competence as described in Category Specification listed in clause 27 Category Specifications.   |
| <b>Commencement Date</b> | means the date that the Agreement commences   |
| <b>Contractor</b>        | means the person or entity (however described) providing the services under this Agreement  |
| <b>Credentialling</b>    | <p>The formal process used to verify the qualifications, experience, professional standing, and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance, and professional suitability to provide safe, high-quality healthcare services in specific organisational environments.</p> <p>Please refer to policy for further information:<br/> <a href="https://www.health.vic.gov.au/quality-safety-service/credentialling-overview">https://www.health.vic.gov.au/quality-safety-service/credentialling-overview</a></p> <p><i><u>Department of Health 'Credentialling and defining the scope of clinical practice for medical practitioners'</u></i></p> |
| <b>Day</b>               | Means ten (10) hours in any block of time.  |
| <b>Day Shift</b>         | means any shift worked between 7am and 10pm in one placement booking within the same consecutive 15-hour period.  |
| <b>HSV</b>               | means HealthShare Victoria.   |

|   |  |
|---|--|
| <b>Agreement</b>                        | means HPVC2022-120 Medical Locum Agency Services.  |
| <b>KPIs</b>                             | means the Key Performance Indicators described in clause 18 in Schedule 2 and set out in Item 17 of Schedule 1 of Part 5 – Draft Deed of Standing Offer Agreement.   |
| <b>Long Term</b>                        | The requirement of a Participating Health Service in a casual or temporary capacity to provide cover for an absent member of the permanent or other medical staff of the Participating Health Service, for a period of three months or more.   |
| <b>may</b>                              | indicates an optional element; it is at the Contractor's discretion to either meet or not meet this element, and failure to meet this element will not have an impact during evaluation.   |
| <b>must</b>                             | indicates a mandatory requirement; failure to meet this requirement will result in the submission being non-compliant.   |
| <b>Medical Board of Australia (MBA)</b> | means the body responsible for registering qualified Agency Medical Locum in Australia or its relevant successor.  |
| <b>Night Shift</b>                      | means any shift worked between 10pm and 7am in one placement booking within the same consecutive 9-hour period.  |
| <b>Organisation</b>                     | means HealthShare Victoria in its capacity as a party to the Agreement.  |
| <b>Participating Health Service</b>     | Public Hospitals and other Health or Related Services, as those terms are defined in Section 3 of the Participating Health Services Act 1988 (Vic), that are described in Part 5 – Deed of Standing Offer Agreement item 18 of Schedule 1 Supply Schedule and Schedule 4 Reporting Guidelines.               |
| <b>Public Holiday</b>                   | means a day that is appointed as a public holiday under the <i>Public Holidays Act 1993</i> (Vic) in Melbourne.  |
| <b>should</b>                           | Indicates a highly desirable element; unless justifiable reason exists, failure to meet this requirement will result in the submission being non-compliant.  |
| <b>Services</b>                         | means as defined in Part 5 - Draft Deed of Standing Offer Agreement.   |
| <b>Service Level Agreement (SLA)</b>    | means an agreement between a Participating Health Service and the Contractor setting out Service requirements specific to that Participating Health Service to supplement the requirements of the Agreement.   |
| <b>Temporary Term</b>                   | The requirement of a Participating Health Service in a casual or temporary capacity to provide cover for an absent member of the permanent or other medical staff of the Participating Health Service, for a period of <b>more than</b> two weeks (14 consecutive calendar days) and less than three months. |
| <b>will</b>                             | Indicates an anticipated future condition or requirement to be met.  |

## 6 Bookings

### 6.1 Booking Capability Requirements

- a. The Contractor must:
  - (i) have systems and processes to accept Bookings, modifications to Bookings and Booking cancellations 24 hours a day, 7 days a week (including days that are not Business Days) via email.
  - (ii) be contactable by a Participating Health Service 24 hours a day, 7 days a week (including days that are not Business Days) to respond to and resolve Service issues.
  - (iii) make every reasonable effort to provide Agency Medical Locum to fulfil Booking Requests.
- b. It is desirable for a Contractor to have the capability to recommend Agency Medical Locums and accept Bookings via a web-based ordering system.

### 6.2 Booking Process

- a. If a Participating Health Service requires the Contractor to supply an Agency Medical Locum, it will notify the Contractor and provide details of its requirements in a Booking Request.
- b. As soon as possible, and within the timeframes specified in the table below, the Contractor must either propose suitable Agency Medical Locum for the Booking Request or advise it is unable to supply the requested Agency Medical Locum.

| Booking Classification | Agency Medical Locum Commencement (days) | Maximum Confirmation time from request     |
|------------------------|--|--|
| Critical               | 0 - 1 days from Booking Request          | Within two (2) hours from Booking Request  |
| Urgent                 | 2 – 7 days from Booking Request          | Within 24 hours from Booking Request       |
| Non-Urgent             | > 7 days from Booking Request            | Within three (3) days from Booking Request |

- c. If proposing an Agency Medical Locum to fill the Booking Request, the Contractor must:
  - (i) provide the name of the proposed Agency Medical Locum;
  - (ii) confirm they possess the qualifications, experience, designation, grade, and training suitable for that Booking Request
  - (iii) confirm that all documents listed under Appendix 1 – Standards and Compliance Framework - 'Individual locum credentialing required before Agency Medical Locum presentation' are available and will be presented to the Participating Health Service prior to the commencement of the relevant Booking.
- d. For the avoidance of doubt, specifying whether a Booking Request is critical, urgent, or non-urgent is in the Participating Health Service's discretion.
- e. The Participating Health Service may confirm the Booking Request by placing a Booking in writing via email with the Contractor specifying the chosen Agency Medical Locum.

## 6.3 Deployment of Agency Medical Locums

- a. When a Booking is placed, the Contractor must:
  - (i) supply the Agency Medical Locum with details specified in the Booking such as position description, qualifications, skill levels, period of engagement, date, and time;
  - (ii) ensure the Agency Medical Locum commits to the Booking and refrain from offering that Agency Medical Locum alternative work that would impact that Booking;
  - (iii) ensure that the Agency Medical Locum presents for the Booking at the appointed time to the designated site contact with:
    - 1. photo ID and a letter of introduction from the Contractor; and
    - 2. all documents listed under Appendix 1 – Standards and Compliance Framework - 'Individual locum credentialing required before Agency Medical Locum presentation' if those documents have not already been provided to the Participating Health Service or if they have been otherwise requested by the Participating Health Service.

## 6.4 No committed volume

- a. The Organisation and Participating Health Services do not make any representation or provide any guarantee or undertaking that they will place any particular volume of Bookings, or any Bookings at all, with a Contractor for supply of Agency Medical Locum under this Agreement, or that any Booking Enquiry will result in a Booking with a Contractor.
  - (i) For avoidance of doubt, no charges will apply when a Booking Enquiry doesn't result in a booking.

## 7 HealthShare Victoria Standards and Compliance Framework

- a. Appendix 1 – Standards and Compliance Framework sets out the checks and records that a Contractor must maintain for each Agency Medical Locum supplied to Participating Health Services. It also details the policies and processes that a Contractor is required to have in place to manage Agency Medical Locum.
- b. The Contractor must undergo an independent assessment with a third-party JAS-ANZ-accredited auditor against the Standards and Compliance Framework detailed in Appendix 1 within three (3) months of the Commencement Date and again during each subsequent twelve (12) month period of the Agreement. The Contractor must also submit the resulting audit report and certificate to the Organisation within three (3) months of the Agreement commencement date and within three (3) months of the anniversary of the commencement date during each subsequent twelve (12) month period of the Agreement.
- c. If the Contractor fails to submit the resulting audit report and certificate within the required timeframes, the Organisation will deem the Contractor unsuitable to provide the Services, rendering the Contractor ineligible to receive Bookings until the audit report and certificate are submitted and confirmed.
- d. If the audit report contains adverse findings that, in the Organisation's reasonable opinion, demonstrate the Contractor is unsuitable to provide the services, the Organisation may render the Contractor ineligible to receive Bookings until those adverse findings are addressed and the

requirements of the Standards and Compliance Framework are met. At the Organisation's discretion, this may involve an additional audit of the Contractor by an independent third-party JAS-ANZ-accredited auditor against the Standards and Compliance Framework appointed by the Organisation. The Contractor must bear the costs of the additional audit.

## 8 Contractor Responsibilities

- a. The Contractor must:
- (i) maintain a pool of appropriately experienced and qualified Agency Medical Locum, that will be available 24 hours a day, 7 days a week including Saturday, Sunday, and gazetted Public Holidays, to meet the ongoing needs of Participating Health Services;
  - (ii) manage Agency Medical Locum including sourcing, pre-placement checks, bookings, processing, invoicing, and other requirements; including credentialing in accordance with Department of Health Policy Handbook;
  - (iii) adhere to the Standards and Compliance Framework for the Provision of Agency Medical Locum to Participating Health Services
  - (iv) conduct performance management and reporting, requiring demonstration to the Organisation that its management procedures are commensurate to the scale, complexity and risk of the Services;
  - (v) be familiar with and be able to demonstrate compliance with:
    - 1. the Commonwealth Code of Practice for the International Recruitment of Health Workers; and
    - 2. standards equivalent to the RCSA (Recruitment and Consulting Services Association Ltd) and AMRANZ (Association of Medical Recruiters Australia and New Zealand);
  - (vi) comply with all applicable laws and policies, codes, and guidelines.

## 9 Agency Medical Locum Requirements

- a. The Contractor must ensure that its Agency Medical Locums:
- (i) comply with all applicable laws and policies, codes, and guidelines including the Medical Board of Australia's Codes, Guidelines and Policies (as published from time to time on the MBA's website: <http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>)
  - (ii) comply with all policies of the Participating Health Service
  - (iii) possess the competencies and skill levels appropriate to the service they will provide.
  - (iv) do not contravene conditions placed on the Agency Medical Locum's registration by the Medical Board of Australia;
  - (v) are aware of the roles and responsibilities and adhere to the terms and conditions of the Agreement;
  - (vi) are withdrawn immediately when the Contractor becomes aware of a change in the Agency Medical Locum's registration status such that their continued provision of Services to a Participating Health Service would contravene conditions placed on the locum's registration by the Medical Board of Australia;
  - (vii) are suspended from a Participating Health Service if they are under formal investigation by the Participating Health Service for complaints (for example: patient safety and lack of clinical abilities to perform their role).

- (viii) are aware that they may be required to work in a facility where skills at specialist level and/or work with minimal supervision may be an important factor. As such, the Contractor will need to review in detail the position skills required to ensure the suitability of the Agency Medical Locum against the relevant Booking Request;
- (ix) are aware of the Participating Health Service booking requirements and are aware of the type of facility they are attending as Participating Health Services vary from geographical location and size. Agency Medical Locum may be required to work in a regional, rural, or metropolitan facility;
- (x) understand and will comply with the Department of Health and Participating Health Services policies and guidelines on the use of PPE (personal protective equipment).
- (xi) are vaccinated in compliance with Department of Health and Participating Health Service requirements. The Contractor must provide vaccination records to evidence compliance prior to the commencement of the Booking or if requested by the Organisation or Participating Health Service.

## 10 Participating Health Service Specific Orientation and Induction

- a. Participating Health Services require Agency Medical Locum to undergo site specific orientation and induction procedures.
- b. The Contractor must ensure that an Agency Medical Locum completes any required orientation and induction procedures prior to the start of the first shift, including providing copies of any checks and records required as specified by the Participating Health Service.
- c. Requirements may vary based on the role type and length of engagement, which may include:
  - (i) Site-specific orientation; and
  - (ii) Copies of up-to-date checks and records required such as:
    1. Advanced Life Support (ALS) and Paediatric Life Support (PLS) credentials;
    2. Occupational Health and Safety (OH&S) compliance;
    3. Infection Control compliance;
  - (iii) Other records, checks and certifications specified by the Participating Health Service.

## 11 Professional Association Membership

- a. The Contractor must be familiar with and be able to demonstrate compliance with standards equivalent to the RCSA Code for Professional Practice and the Commonwealth Code of Practice for the International Recruitment of Health Workers.

## 12 Employment Conditions

- a. The Contractor is responsible for the employment conditions of the Agency Medical Locums it supplies.
- b. An Agency Medical Locum will not be remunerated through a Participating Health Service's payroll and shall not be considered an employee in any capacity of the Participating Health Service.



## 12.1 Recruitment of Agency Medical Locum

- a. At any time after an Agency Medical Locum completes an initial Casual shift, Temporary Term shift or Long-Term shift at a Participating Health Service, that Participating Health Service may recruit the Agency Medical Locum into a permanent, temporary, or casual employment position.

## 13 Customer Service and Support

- a. The Contractor must deliver customer service and support to Participating Health Services on Business Days.
- b. The Contractor must provide an emergency contact for urgent resolution of Service issues outside of Business Hours.
- c. The Contractor must provide Participating Health Services with representatives that are:
  - (i) Inherently familiar with the contracted Services and arrangements;
  - (ii) appropriately qualified;
  - (iii) technically/clinically knowledgeable about the contracted Services; and
  - (iv) available to respond to Participating Health Services' queries in a timely manner.
- d. The level of customer service and support required of representatives is expected to include:
  - (i) liaising with the Participating Health Services to provide appropriate Agency Medical Locum as requested;
  - (ii) promptly answering Participating Health Service queries;
  - (iii) liaising with various hospital personnel (for example: medical workforce managers and directors, support services managers);
  - (iv) resolving supply and performance issues; and
  - (v) providing additional informational such as credential documentation.
- e. Representatives must comply with Participating Health Services' local policies regarding engagement with Participating Health Service staff.

## 14 Service Level Agreement

- a. Participating Health Services may enter into a Service Level Agreement (SLA) with the Contractor. The SLA may cover arrangements including:
  - (i) engagement and management of Agency Medical Locum;
  - (ii) communication for bookings, enquiries and registration of complaints;
  - (iii) process for providing evidence of identification, qualifications, experience and suitability of Agency Medical Locum;
  - (iv) details of how the Contractor and the Participating Health Service will work collaboratively to optimise the booking process.
  - (v) management of invoicing requirements, including managing discrepancies, queries, and the crediting process (when necessary); and
  - (vi) any specific reporting requirements of the Participating Health Service.
- b. The parties to the SLA will be responsible for monitoring compliance with the SLA.

- c. A Participating Health Service may terminate the SLA at their discretion with 30 days written notice to the Contractor.
- d. The SLA will be in addition to the Agreement between Contractor and the Organisation and will not alter any terms of the Agreement.
- e. The Contractor will provide a copy of each Service Level Agreements to the Organisation within 1 week of being finalised and otherwise upon request.
- f. The Agreement will prevail over any SLA to the extent of any inconsistency.

## 15 Key Performance Indicators

- a. The Contractor must comply with the Key Performance Indicators (KPI) listed in the Agreement Item 17 of Schedule 1 - Supply Schedule.
- b. Failure to comply with those indicators will entitle the Organisation and/or Participating Health Service to:
  - (i) request the Contractor to implement an action plan to address the non-compliance;
  - (ii) require more frequent reporting and monitoring of the Contractor's performance under the Agreement, the extent of which will be in the Organisation or the Participating Health Service's absolute discretion;
  - (iii) recover costs associated with KPI non-compliance;
- c. Additional KPIs may be added during the term of the Agreement as agreed by the parties.

## 16 Contract Monitoring and Relationship Management

- a. In addition to and concurrently with the requirements of the Organisation, and Key Performance Indicators, the Contractor must engage in quarterly reviews in collaboration with the Organisation and Participating Health Services
- b. Please refer to the Agreement Item 13 of Schedule 1 - Supply Schedule.

## 17 Reporting

- a. The Contractor must provide the Organisation and/or the Participating Health Services with reporting required by the Agreement Item 12 Reports of Schedule 1 - Supply Schedule and Schedule 4 Reporting Guidelines.

## 18 Complaint Management

- a. At a minimum, the Contractor must have a complaint management process in place which includes:
  - (i) All complaints received must be acknowledged in writing within one (1) Business Day of submission.

- (ii) All complaints received must be responded to in writing within five (5) Business Days of submission; this response must include a proposed resolution or, at a minimum, proposed actions and next steps

## 19 Pre-Placement Candidate Assessment

- a. The Contractor must have in place a pre-placement candidate assessment that ensures compliance to the Standards and Compliance Framework detailed in Appendix 1.

## 20 Performance

- a. The Contractor must have in place a process to record and manage;
  - (i) the performance of Agency Medical Locum, including the process for managing any grievances raised, and;
  - (ii) ensure the ongoing training, learning and development of Agency Medical Locum.

## 21 Continuous Improvement

- a. The Contractor must establish efficient processes and supporting tools to manage and meet requests for the Services. It is encouraged that the Contractor considers innovative service delivery methods that can provide cost effectiveness while maintaining professional standards.

## 22 Quality Management

- a. To assure a high level of service provision, the Contractor must have as a minimum, an audited quality management system in place that integrates:
  - (i) industry best-practice methodologies; and
  - (ii) continuous improvement processes that are incorporated through all levels of the Contractor's business.
- b. If the Contractor does not have a quality management system that is certified to the ISO 9001 standard at the commencement of the Agreement, then the Contractor agrees that it will achieve such certification within six (6) months from commencement of this Agreement.

## 23 Risk Management

- a. The Contractor must have in place risk management and mitigation strategies aligned with ISO 31000 for the following:
  - (i) business continuity
  - (ii) back-up systems
  - (iii) disaster recovery.
- b. The Contractor's risk management processes should be comprehensive and appropriate to the size and nature of their operations.

## 24 Category Specifications

### Category 1 - Hospital Medical Officer (HMO)

**Hospital Medical Officers** – A doctor with three or less years of experience and who is not performing the duties of a Medical Officer (MO) or a Registrar.

### Category 2 - Medical Officer (MO)

**Medical Officer (MO)** – A doctor with three or more completed years of experience who is not performing the duties of a Registrar or performing medical work covered by another award or agreement.

### Category 3 - Registrar

**Registrar** – A doctor who is either appointed to an accredited specialist training position or who holds a position designated as such by the Participating Health Service.

### Category 4 - Senior Medical Officer (SMO)

**Senior Medical Officer (SMO)** – A doctor who is engaged as a head of department or equivalent role within the Participating Health Service, but not a Specialist.

### Category 5 - Specialist

**Specialist** – A doctor who has successfully completed a specialty medical training program and become a fellow of a specialist medical college and is endorsed to practise independently in that specialty through AHPRA.

## Appendix 1 - Standards and Compliance Framework

- a. The Contractor must complete the following checks and maintain the following records for each Agency Medical Locum provided to a Participating Health Service.
- b. Agency Medical Locum are not eligible to work at Participating Health Services without the Contractor having sighted and retained on file the records detailed in the Standards and Compliance Framework:

| Standard and Compliance   | Required Check   | Evidence for record  |
|---|--|--|
| <b>Individual Locum Credentialing Required before Agency Medical Locum presentation</b> | Is suitably registered with the Medical Board of Australia.  | Confirmation of check of AHPRA (Australian Health Practitioner Regulation Agency) registration website, dated to have been checked within 1 week of the booking request.<br><br>Certified copy of medical registration, including current and valid registration number and registration type. |
|   | Holds valid permission to work in Australia and holds the appropriate visa to carry out the work.  | Copies of visa documentation.  |
|   | Has undergone a 100-point identity check.  | Copies of identity documents.  |
|   | Has three referee checks that include most recent supervisors or Department Heads where they have worked.  | Copies of references, including name and contact details of referee.   |
|   | Has a current and valid working with children check. Note that a 'valid' check is a check that meets the requirements of the Worker Screening Act 2020 (Vic) | Dated copy of check and screening validation number.   |
|   | Has a current and valid National Criminal Record Check, not more than three (3) years old.   | Dated copy of the check.   |
|   | Has current Basic Life Support (BLS) credentials.  | Copy of credentials.   |

| Standard and Compliance   | Required Check  | Evidence for record  |
|---|---|--|
|   | Has Medical Indemnity cover that meets the minimum standards for cover that is provided to health care professionals, as detailed in the <i>Medical Indemnity (Prudential Supervision and Product Standards) Act 2003</i> (Cth) | Certificate of current Medical Indemnity cover.  |
| <b>Individual Locum Credentialing Required before first shift</b> | Completes a health assessment, including screening and vaccinations, including Covid-19 and status of immunisation and serology results.  | Signed copy of health assessment form.<br><br>Copy of current immunisations and serology results.  |
|   | Has Completed the orientation/induction process specific to the Participating Health Service that the booking is for.   | Signed and dated declaration from the locum that the orientation/induction process has been complete.  |
|   | Has received and read the position description/statement relevant to the booking.   | Signed and dated acknowledgement that the position description has been received and read.   |
|   | Has current and valid Prescriber Number and a Provider Number where applicable.   | Details of the Prescriber and Provider Numbers.  |
| <b>General requirements – Contractor policy and process</b>       | The Contractor has a pool of experienced and appropriately qualified Agency Medical Locum that can meet the ongoing needs of all Participating Health Services.   | A database or documentation of suitably credentialed and assessed medical locums.  |
|   | The Contractor has a suitable complaints management / issue resolution policy   | Policy or process documents evidencing that the Contractor is reliably able to acknowledge complaints within one (1) Business Day of submission and respond within five (5) Business Days of submission. |
|   | The Contractor maintains records of formal complaints and disciplinary actions.   | Full performance record, including issue and compliant resolution outcomes and disciplinary actions taken.   |

| Standard and Compliance | Required Check  | Evidence for record  |
|-------------------------|---|--|
|                         | The Contractor has a suitable recruitment policy / process.                   | Policy or process documents that ensures compliance to the Individual Locum Credentialing requirements of the HealthShare Victoria Standards and Compliance Framework.   |
|                         | The Contractor has a suitable performance management policy/process.          | Policy or process documents evidencing ability to record and manage the performance of Agency Medical Locum. This needs to include: <ul style="list-style-type: none"> <li>• The process for managing grievances</li> <li>• The process for monitoring and ensuring ongoing training, learning and development.</li> </ul> |
|                         | The Contractor has an ISO 9001–accredited Quality Management System in place. | Accreditation certificate.   |
|                         | The Contractor has a suitable risk management policy / process.               | Policy or process documents evidencing a suitable risk management process that ensures: <ul style="list-style-type: none"> <li>• business continuity</li> <li>• back-up systems</li> <li>• disaster recovery.</li> </ul>   |