

The following By-Laws outline the rules of Doncaster Private Hospital.

1 Patient rights and responsibilities

All VMO's will adhere to the principles of the Australian Charter of Healthcare Rights (2nd Edition) and ensure patients rights and responsibilities are met.

2 Management of care

A VMO is required to provide professional services with due skill, care and diligence in undertaking the responsibilities of preoperative diagnosis and care, the selection and performance of the appropriate operation or procedure, and postoperative surgical care. Contact details must be provided to the patient for after hours enquiries or emergencies post procedure.

3 Admission Criteria

VMO's must adhere to the Doncaster Private Hospital admission criteria and the excluded patients as per the Exclusion Criteria. Only patients that are suitable for Day Surgery are to be admitted. All patients will undergo a pre-admission screening at least 24 hours prior to admission to screen for risks of harm and to ensure they fit admission criteria.

4 Consent

Explanation of the nature and risks of an operation and alternatives to having the procedure is essential and is to be undertaken personally by the VMO. The VMO admitting the patient must ensure that consent for any procedure or anaesthetic is documented (and signed and dated by both the patient and VMO) on the Doncaster Private Hospital consent form prior to commencement of the procedure or anaesthetic. If a patient is having a colonoscopy, the risks of the preparation must be discussed prior to the commencement of the preparation.

5 Informed Financial Consent and Fee Conduct

All patients must receive informed financial consent outlining all costs for their procedure prior to their admission. VMO's also agree, in line with the Royal Australasian College of Surgeons Code of Conduct, to ensure that the professional fees charged to patients are justifiable and reasonable and do not exploit a patient's need or take financial advantage of the patient.

6 Medication Management

VMO's must write all medication orders in the patient's medical record as well as completing any necessary prescription forms. Where medication is ordered by telephone, the order is to be

provided to the Registered Nurse and her/his witness, and the ordered to be subsequently confirmed and signed for on the day, or otherwise as required by law.

7 Medical record documentation

VMO's must ensure that patient medical records are legible, adequately and accurately maintained, including that they:

- Are legible
- Satisfy the standards required by NSQHSS accreditation practices and government legislation
- Include all information and discharge instructions reasonably necessary to allow the day surgery to care for patients.
- Ensure every section is completed correctly and completely
- No white out is to be used on the medical record
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8 Allocation and use of operating room sessions

Sessions shall be allocated to VMO's by Management as it sees fit, taking into consideration the available times and the business needs of the Facility. VMO's are expected to have arrived in the facility and be ready to commence their operating session at the agreed time. In the event of unavoidable delay, the facility should be notified as soon as possible.

9 Cancelling an operating session

If an operating session is required to be cancelled notice shall be given to management as soon as possible.

10 Anaesthesia

For surgery involving the use of regional, general anaesthesia and/or sedation to commence, it is a requirement that an accredited anaesthetist is present in the hospital and prepared to be responsible for the patient up until the patient meets discharge criteria.

The VMO performing the surgery must be present in the facility before the anaesthetic or sedation is commenced.

11 Adherence to Policies and Procedures

All VMO's will adhere to the Doncaster Private Hospital policies, procedures and work instructions, National Safety and Quality Health Service Standards Edition 2, Infection Control Policies, Procedure and Guidelines, Department of Health Regulations and any other Regulatory Guidelines.

12 Pathology

VMO's must ensure that copies of all pathology reports relating to a patient's admission are supplied to the Facility for the patient medical records as soon as practicable. It is the responsibility of the Surgeon to ensure that all pathology reports are reviewed and appropriate action taken.

13 Emergency situations

In the event of an emergency involving a patient where the VMO cannot be contacted immediately, the Medical Director shall take whatever action is necessary in the best interest of the patient. The VMO will be notified as soon as possible and ongoing care of the patient will remain the VMO's responsibility.

14 Discharge of Patients

Discharge instructions and operation records are required to be completed by the VMO in a timely manner and all information reasonably necessary to safely discharge a patient. Written discharge instructions must be provided to the patient and must include emergency contact phone numbers in case of emergency and contact numbers for post procedure medical advice and a list of prescribed medications including any changes or additions. An operation report must be sent to the Referring Doctor/ GP and Doncaster Private Hospital in a timely manner.

VMO's must advise the Director of Nursing in writing of any changes to their contact details (including mobile telephone numbers, email and postal addresses along with the contact details for any locum practitioners responsible in the event of the VMO being unavailable in an emergency)

15 Confidential information

Every VMO must keep confidential the following information:

- Business information concerning the Company or the Facility;
- Information concerning the insurance arrangements of the Company;
- The proceedings relating to the accreditation and determination of Scope of Clinical Practice of the medical practitioner;
- Discussions relating to performance of any VMO;
- Sentinel events and clinical incidents;
- Information concerning any patient or member of the staff of the Facility.

The confidentiality requirements of these By-Laws prohibit the recipient of the confidential information from using it, copying it, disclosing it to someone else, reproducing it or making it public.

When confidentiality can be breached :

The confidentiality requirements of these By-Laws do not apply in the following circumstances:

- Where disclosure is required by law;
- Where disclosure is required by a regulatory body in connection with the VMO or the Facility;
- Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality;
- Where disclosure is required in order to perform any requirement of these Bylaws.

Confidentiality obligations continue

- The confidentiality requirements of these By-Laws continue with full force and effect after the VMO ceases to be credentialed with Doncaster Private Hospital.

16 Medical Advisory Committee

The Medical Advisory Committee is the highest level of Governance at Doncaster Private Hospital. The role of the MAC is to:

- Reviewing quality & safety data/performance and contributes to the safety and quality of the health service including evidence of review of compliance with policies and procedures and outcomes from clinical and health and safety audits.
- Credentialing and re-credentialing of medical practitioners including but not limited to:
 - Providing advice on the minimum credentials necessary for a medical practitioner to fulfil competently the duties of a specific position or a scope of clinical practice within the health service.
 - Considering each medical practitioner's credentials and performance in the context of the organisation's needs and capability and recommendation of the scope of clinical practice that is appropriate.
 - The re-credentialing of medical practitioners at least 3 yearly.
- Advise management on medical equipment and resources and the impact of patient safety in business making decisions.
- Review the Risk Register including safety and quality risks
- Regular review of Infection Control management including review of hand hygiene audits, infection control audits and infection rates response should they occur
- Antibiotic stewardship/
- Input into the review and update of clinical policies and procedures related to patient care including any medication protocols and nurse-initiated medications
- Review and make recommendations following patient adverse events/clinical incidents, complaints and key trends, actions being taken in response to these issues and variations.
- Review reports from other meetings
- Consumer Engagement, Consumer/Staff Feedback and Complaints
- Regulatory changes and other changes that may impact on the quality system
- Actions from previous meetings
- Review clinical variations, key performance indicators and benchmarking.

- Receive a briefing on externally published reports on the organisation's performance

17 Credentialing of Medical Practitioners.

The Medical Advisory Committee is responsible for the review and approval of all Medical Practitioners including defining the scope of practice for every registered medical practitioner operating at the premises. The Medical Advisory Committee will determine which procedures can be safely provided to patients at the premises.

New Appointments

Upon initial application, the Medical Practitioner must complete an application form for Credentialing and provide the following to the Director of Nursing at Doncaster Private Hospital:

- Proof of identity (100 points)
- National police check history
- International police check if applicant has lived overseas for 12 months or more during the past 10 years
- Original qualifications or certified copy including the primary medical degree and a certified translation if not in English.
- Original or certified copy of specialist qualifications and a certified translation if not in English.
- Other evidence of clinical training and experience as required
- Medical Registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- The original or certified copy of current Practitioners Medical/Professional Indemnity Insurance certificate ensuring that the cover reflects the requested scope of practice
- Health status, (complete a staff health survey or this may be discussed privately with the director of medical services (or equivalent, who will then be responsible for deciding how this will affect the scope of clinical practice)
- Continuing Professional Development (CPD) statements that are college approved or relevant to the scope of clinical determined by the health service and include either"
 - copies of compliance certificates,
 - statements verifying CPD participation by relevant college or Australian Medical Association CPD tracker printouts
- Employment and/or visiting history: Current Curriculum Vitae, verified by checking with other sources and including:

- clinical appointments
- academic appointments and *teaching experience*
- quality activities
- Evidence of current compliance with all maintenance of professional standard requirements as determined by speciality colleges
- Referee *Checks* (at least 2) *that*:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees
 - include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference
- Existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.

Reappointment of a medical practitioner at the same health service with no change to scope of practice

Re-appointment must take place every three years.

The Medical Advisory Committee must verify the following information:

- Medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- The original or certified copy of current Practitioners Medical/Professional Indemnity Insurance certificate ensuring that the cover reflects the requested scope of practice
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated
- Health status, (this may be discussed privately with the director of medical services (or equivalent) who will be responsible for deciding how this will affect the scope of clinical practice)
- Recent employment and/or visiting history - an updated curriculum vitae including (but not restricted to):
 - clinical appointments
 - quality activities
 - academic appointments and teaching experience

Annual Requirements

To fulfil credentialing requirements, the Medical practitioner must provide Doncaster Private Hospital with the following:

- Evidence of their current Registration
- Current Medical Indemnity Insurance Certificate
- Relevant CPD
- Hand Hygiene Certificate
- CCRTGE (Endoscopists only, every 3 years)

The Medical Advisory Committee is responsible for ensuring the health service has processes in place to meet these requirements.

If these requirements are not met annually, then clinical privileges may be revoked by the Medical Advisory Committee.

Successful applicants will be advised in writing to confirm their clinical privileges and scope of practice. If a change in scope of practice is sort, a complete credentialing application for the proposed new service / change in scope of practice must be completed and will be submitted to the MAC for consideration. The applicant must provide evidence of Medical Indemnity insurance that covers the change, additional procedure qualifications or experience related to the requested change and CPD evidence.

All Medical Practitioners must notify the Director of Nursing immediately if any conditions have been placed on their Medical Registration or any other changes to registration or insurance occur or of any significant clinical incidents at other facilities. All credentialed Medical Practitioners agree to participate in performance reviews to ensure their competence in the practice that they undertake.

Credentialed Visiting Medical Officers must only perform procedures within their scope of practice and as per their Clinical Privileges letter.

VMO's agree to regular peer review and performance assessments to keep clinical privileges.

Changing, extending or reducing the scope of clinical practice

Where new services are introduced, or when a medical practitioner wishes to extend their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice.

The Medical Advisory Committee must be provided with the following information:

- the change to the scope of clinical practice requested
- additional procedural qualifications or experience related to the requested change
- indemnity insurance information, ensuring the cover reflects the requested change to the scope of practice
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant *college if indicated*.

It is the responsibility of the Medical Advisory Committee to confirm that the requested changes fit with the needs and capability of the health service. The Medical Practitioner will be advised in writing.

In line with relevant capability frameworks, the scope of clinical practice of a senior medical practitioner at a health service may be reduced. The scope of clinical practice may also be reduced if, for example, underperformance has been identified, or if the director of medical services or the Medical Advisory Committee determine that the requirements for relevant CPD have not been met.

When this occurs, the Medical Advisory Committee or the director of medical services, must notify the practitioner in writing and provide them with an amended position description, ideally with a minimum of four weeks' notice.

A practitioner may wish to change to a subset of their current practice – that is, narrowing their scope of practice. They must formally advise the Medical Advisory Committee. The committee must then consider the effects of the reduction on the health service and decide if an alternative source of the previously provided services is required.

Urgent and temporary staffing situations

When health services urgently need senior medical practitioners temporarily, and in the event that the relevant committee cannot be immediately convened, the Medical Advisory Committee delegates the responsibility for undertaking credentialing and defining the scope of clinical practice to the Medical Director on a temporary basis.

Temporary credentialing and defining the scope of clinical practice decisions need to be followed as soon as practicable, in line with the formal processes undertaken by the credentialing and scope of clinical practice committee. Temporary credentialing should not exceed three months.

Emergency clinical situations

Credentialed senior medical practitioners are permitted to administer necessary treatment outside their authorised scope of clinical practice in emergency situations where the interests of a patient are best served.

This may be where a patient may be at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of clinical practice is available and where more appropriate options for alternative treatment or transfer are not available.

All such instances should be formally reviewed by the credentialing and scope of clinical practice committee (or equivalent) and a formal report issued.

18 Open Disclosure

Doncaster Private Hospital has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2011 Australian Commission on Safety and Quality in Healthcare and the Victoria Statutory Duty of Candour. It is the responsibility of the Credentialed Medical Practitioner to complete the Open Disclosure Procedure if required as per Doncaster Private Hospital policy.

19 Antimicrobial Stewardship

It is the policy of Doncaster Private Hospital that prescribing of antibiotics will be in accordance with Therapeutic Guidelines for Antibiotics and the approved list of antibiotics for use at Doncaster Private Hospital as per our Antimicrobial Stewardship policy. Therapeutic Guidelines are available electronically onsite as part of ETG Complete. Any antibiotics used out of these guidelines must be documented on our Antibiotic Register. The use of antibiotics is audited and reviewed by our Infection Control Consultant for compliance with the Therapeutic Guidelines.

20 Quality & Safety

VMO's are expected to contribute to the ongoing quality and safety of the day surgery by participation in the quality management program through peer review, collection of relevant clinical indicators, completing incident reports, review of policies and procedures and assistance with quality and safety activities as required.

21 Partnering with Consumers

Patients and their carers are to be involved in treatment planning, shared decision making, informed consent and all aspects of their care in relation to the treatment being provided, pre-admission and discharge planning. They must be provided with adequate written information for pre-procedure instructions and information and discharge information including contact phone numbers in case of an emergency or any concerns.

Patient goals of care and individual needs should be taken into consideration when care planning commences.

Related Policies and Forms

Credentialling of Medical Practitioners

Clinical Governance

Legislation, Standards and References:

- National Safety and Quality Health Service Standards Version 2 Standard 1
- Health Services (Private Hospital & Day Procedure Centres) Regulations 2018
- Safer Care Credentialing and scope of clinical practice for senior medical practitioner's policy April 2020