

By-laws

FOR MEDICAL PRACTITIONERS

FOREWORD

Victorian Cosmetic Institute (VCI) has, since 2002, taken great pride and care in the quality of provision of day surgery, cosmetic / plastic clinical services undertaken in its health care facilities.

At a time of increasing focus on clinical risk and patient safety and given the complex nature of modern health care provision, it is more important than ever that VCI seeks consistency and best practice in the By-laws pertaining to the delivery of clinical and medical / surgical services by accredited medical practitioners.

It is envisaged these revised By-laws will help ensure that the delivery of health care is *aligned with the National Quality Safety Healthcare Standards (NQSHS)* throughout VCI and that it is provided by qualified medical professionals whose clinical performance is maintained at a safe and acceptable standard in a culture that is consistent with the standards, vision and values of the organisation.

The responsibilities of the Management & Medical Advisory Committee are clearly defined in order to assist delivery of best clinical practice and to provide support by the organisation to enable *quality safe patient care*. The process of defining the scope of clinical practice and credentialing is fair and legally robust.

Each of our operating surgeons and anaesthetists is expected to fully implement these By-laws, and the *National Quality and Safe Healthcare standards* effective immediately.

The Director of Nursing and the Medical Director, working in conjunction with the medical staff, is required to ensure full compliance with these bylaws and standards of *patient care / patient safety* by all accredited medical practitioners.

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PREAMBLE

Victorian Cosmetic Institute (VCI) was incorporated in 2003 under the Corporations Act 1985.

Victorian Cosmetic Institute (VCI) seeks to deliver care to its patients in a *quality and safe* manner which most truly reflect the *VCI / NQSHS standards*, the mission and values of Victorian Cosmetic Institute (VCI), and the medico-moral principles expected of medical practitioners in the state of Victoria.

These By-laws apply to all medical practitioners and healthcare services operated by Victorian Cosmetic Institute (VCI)

These By-laws:

- establish the principles which apply to the accreditation of practitioners to VCI;
- govern the relationship of VCI with its accredited practitioners;
- set out rules for the conduct of accredited practitioners at VCI;
- provide for the establishment of processes, practices and protocols within VCI which are necessary for the delivery of quality care to its patients; and
- outline VCI's requirements of accredited practitioners in relation to the safety and quality of care of its patients.

Responsibility for the application of these By- Laws is vested in *the Director of Nursing and the Medical Director of the Victorian Cosmetic Institute*

The Management Committee and the Medical Advisory Committee has a responsibility to oversee and monitor the diligent application of these By-laws. Members of these committees shall, in carrying out their roles, act in accordance with these By-laws and in the best interests of the VCI.

PART I – DEFINITIONS

1. INTERPRETATION

In these By-laws, unless inconsistent with the context:

“**Accreditation**” means and refers to the process of credentialing by which a Practitioner is granted authority to provide health care services with specified limits within VCI;

“**Accredited Practitioner**” means a Practitioner accredited to a Division conducted by VCI;

“**Acts**” means all Acts of Parliament, State or Federal, and extends and includes all Bylaws and regulations made thereunder and in force from time to time;

“**Allied Health Practitioner**” means and refers to nurses, and support workers who practice or work or who seek to practice or work at or from VCI as private practitioners;

“**Appeals Committee**” means the committee constituted under By-laws of VCI;

“**By-laws**” means these By-laws;

“**Caregiver**” means a person employed or engaged in or about VCI and whether employed by VCI or another person;

“**Code of Ethics**” means the Code of Ethics as published by VCI in protocols

“**Credentialing Committee**” means the committee established under By-laws of VCI;

“**Defining the Scope of Clinical Practice**” and “**Clinical Privileges**” means and refers to the authority granted to a Practitioner to provide health care services as a result of the process of credentialing conducted in accordance with these By-laws;

“**Director of Medical Services**” means the person for the time being holding the position of, or bearing that title, or if there is none, then the person for the time being responsible for the oversight of medical services at VCI;

“**Director of Nursing**” means the person for the time being holding the position of Director of Nursing whether the scope of clinical practice within which a medical practitioner is authorised to provide clinical services within VCI or combined with another position or however titled holds primary responsibility for the conduct of nursing service within VCI;

“**Designated Medical Practitioner**” when used in relation to any particular matter or purpose means the Director of Medical Services or in the event of there being none appointed means the medical representative of the Medical Advisory Committee or other person designated by the Managing Director for that particular matter or purpose;

“**Ethics Committee**” means the Medical Advisory Committee of VCI for the time being;

“**Full Accreditation**” means accreditation granted pursuant to By-laws of VCI;

“**Hospital**” means the healthcare service known as VCI followed by a description of its geographical location and includes any healthcare facility described similarly;

“**Laws**” means the Laws, By-laws and regulations of the State;

“**Medical Advisory Committee**” means the Medical Advisory Committee of VCI established pursuant to By-laws of VCI;

“**Medical Association**” means the formally constituted organisation of all Medical Practitioners accredited to the VCI;

“**Medical Board**” means the board established in the State of Victoria which governs the registration of medical practitioners in the State;

“**Medical Practitioner**” means a person registered as a medical practitioner under the provisions of the Medical Act of the State of Victoria

;

“**National Quality Safety & Healthcare Standards**” means the 8 clinical standards required under the NSQHS accreditation process and that is independently assessed by third party assessors.

“**Paramedical Practitioners**” means and refers to nurses and support workers and other allied health professionals who practice or work or who seek to practice or work at or from VCI as private practitioners;

“**Person**” includes corporation;

“**Policy Statements**” means and refers to policy statements and directives in relation to the conduct of Accredited Practitioners or clinical practice issued by VCI from time to time;

“**Practitioner**” means and refers to each of a Medical Practitioner and a Nurse Practitioner;

“**Provisional Accreditation**” means accreditation granted to a Practitioner pursuant to By-laws;

“**Standing Orders**” means an order which is a pre-arranged, documented and authorised by an Accredited Medical Practitioner and which, unless otherwise specified, relates to that Practitioner’s patients. The standing order may be relied upon by caregivers at any time in accordance with Divisional policy, without prior need to contact that Practitioner – also known as a prescription;

“**State**” and “**Relevant State**” mean the State of Victoria in which the VCI is located

“**Statement of Principles**” means the Statement of Medico-Moral Principles and Philosophy Statement attached to these By-laws;

“**Temporary Accreditation**” means accreditation granted to a Practitioner pursuant to By-laws

;

“**Values**” means the values of VCI being Hospitality, compassion, respect, justice and excellence.

“**VCI**” means the Victorian Cosmetic Institute, located at Level 1 / 268 High Street, Lower Templestowe, other locations from time to time, and the Berwick Day Surgery

PART II - MISSION AND PHILOSOPHY

2. MISSION AND PHILOSOPHY

2.1 Mission

The Mission of VCI is authorised by the Managing Director of the VCI. The particular mission of VCI is to promote fullness of life through the provision of holistic health care services that promote life to the full by enhancing the physical, intellectual, social and spiritual dimensions of a human being.

2.2 Philosophy

VCI holds that each person is a unique dignity. VCI believes that it holds in trust the resources that it has and that it must be a responsible steward of those resources.

In order to fulfil its Mission, VCI attempts to:

- develop a culture where:
 - each person is respected;
 - there is a deep commitment to its Values; and
- there is a searching to recognise and respond to the needs of individuals and the community;
- provide services of the highest standards, identifying and responding to unmet health care needs in the local community;
- be an inclusive organisation where all people receive opportunities to learn and
- develop;
- be a respected leader and a credible contributor to the wider health care industry

3. CORE VALUES

3.1 Beliefs and Principles

The five core values of VCI are hospitality, compassion, respect, justice and excellence. Each of these values stems from beliefs and principles which have their origin in societal requirements. Certain behaviours flow from VCI's commitment to these core values.

3.2 Hospitality

Hospitality is a welcoming openness to all; to the familiar and the mystery of self, people, ideas, experiences, nature and to beliefs.

3.3 Compassion

Compassion is feeling with another in their discomfort or suffering, striving to understand the other's experience, with a willingness to reach out in solidarity.

3.4 Respect

Respect is the attitude which treasures the unique dignity of every person, and recognises the sacredness of all life.

3.5 Justice

Justice is a balanced and fair relationship with self, our neighbour, and all of the community

3.6 Excellence

Excellence is giving the optimum standard of care and service within the scope of available resources.

4. SAFETY AND QUALITY

4.1 Commitment to Safety and Quality Care

VCI is committed to:

- providing the best quality care and service to all patients; and
- improving continuously the quality of patient care which it provides - both clinically and in its systems of delivery.

VCI strives to achieve its objectives by:

- the involvement of all persons employed by VCI and accredited practitioners in the process of quality improvement;
- maintaining a comprehensive system of clinical risk management, incorporating processes of monitoring and measurement of standards of care and;
- promoting a culture which supports safety and quality through education and blame free analysis of outcomes of care.
- Implementation of the NSQHS requirements as applicable to the Berwick Day Surgery & VCI Day Surgery, Templestowe Lower.

4.2 Accredited Practitioners - Contribution to Quality Improvement

To assist the organisation in its commitment to safety and quality, all Accredited Practitioners are expected to contribute towards the continued improvement of quality patient and safe care within VCI by:

- participating in the clinical quality and risk management activities of VCI and of their clinical specialty or peer group; and
- assisting VCI in achieving certification standards as set or required by the NSQHS, ISO, DHS and other bodies charged with the accreditation or licensing of VCI health care services; and
- reporting to the Managing Director:
 - circumstances where the care provided at VCI could be improved; or
 - complaints which have been made to them in respect of the conduct of VCI or the quality of care provided by it; or
 - incident /events which may or could lead to either claims being brought against VCI on the grounds of negligence, want of care or a failure to provide safe working conditions.

5. MANAGEMENT

5.1 Manager

The Manager is employed by VCI and reports to the Managing Director.

5.2 Role of the Director of Nursing (DON)

The primary role of the Director of Nursing is to manage the Victorian Cosmetic Institute (VCI) In fulfilling that role the Director of nursing is to:

- provide executive leadership and direction to all employees of VCI
- ensure that VCI remains faithful to the mission, philosophy and values of VCI;
- be responsible for the management of the Day Surgery.
- Oversee and implement the NSQHS requirements as applicable to the Day Surgeries

5.3 Role of Assistant Director of Nursing (ADON) - Clinical Services

The Assistant Director of Nursing - Clinical Services provides support in leadership and direction for the overall day to day management of Nursing Services. The role is a second in charge role to support the DON.

5.4 Management Committee

VCI will have a Management & *Medical Advisory* Committee. The Management Committee acts as an advisory committee to the organisation providing the primary governance process and:

- (a) reports to the Managing Director;
- (b) is subject to the direction of the Managing Director;
- (c) is responsible for the enunciation and review of policies directed towards ensuring the provision of quality patient care and the proper planning, management and monitoring of the performance of the VCI

The VCI Management & *Medical Advisory* Committee shall have written terms of reference defining its operation and membership which shall accord with the mission, philosophy, standards of care and values of VCI.

5.5 Functions and Duties of the Management Committee

The functions and duties of the Management Committee are to assist the Managing Director, Medical Director and the Director of Nursing:

- in the fulfilment of the role and duties of the designated office holders as set out in these By-laws
- providing assistance in the implementation of operational and strategic plans of VCI;
- evaluating the overall quality, effectiveness, relevance and utility of services to patients in VCI; and
- determining the health care needs of the relevant demographic of the community and an appropriate role for VCI in satisfying those needs.
- Oversee the implementation of management systems to meet NSQHS, ISO, DHS and other licensing requirements.

5.6 Limitation of Authority of the Management Committee

The Divisional Management Committee shall have no power to bind the Managing Director or VCI whether by contract or otherwise.

6. RIGHTS AND DUTIES OF ACCREDITED PRACTITIONERS

6.1 Accreditation

Only Practitioners who have been accredited and granted clinical privileges at VCI may admit patients to and consult and attend patients at VCI.

6.2 Care of Patients

Each Accredited Practitioner is responsible for the quality of care and treatment, and the safety of patients whom he or she admits to VCI. An Accredited Practitioner may not assign the treatment of a patient to anyone else other than an Accredited Practitioner and through a documented handover or transfer

6.3 Review of Patients

An Accredited Practitioner may request or engage another Practitioner who is not accredited to VCI to review a patient but may not permit that other Practitioner to prescribe medication, treatment or diagnostic tests for the patient.

6.4 Obligations of Accredited Practitioners

At all times whilst at VCI each Accredited Practitioner shall:

- abide by the Statement of Principles and Mission and Philosophy of VCI and conduct his or her practices in accordance with and in acknowledgment of (so far as not to infringe), laws and regulations of the State of Victoria, and if any doubt or question arises as to whether any practice infringes or is contrary to the Statement of Principles then the Practitioner shall refer the matter of doubt or question to the Medical Advisory Committee;
- maintain the highest standards of professional competence, *patient safety* and quality care for all patients whom he or she attends;
- adhere to generally accepted conventions and standards of professional conduct in relation to colleagues, Caregivers, patients and their families;
- ensure that all orders, prescriptions and other documentation which he or she writes are in a clearly legible format and are timed, dated and signed;
- use all reasonable means to keep every patient under his or her care fully informed of his or her condition, management and progress, and to respond to reasonable requests for information from nominated family members;
- where the withdrawal of treatment is considered because there is no reasonable prospect of the patient obtaining further benefit from continued treatment, or where continued treatment is likely to constitute an undue burden to the patient:
 - in consultation with the patient and family, act in compliance with the VCI policy in determining whether the patient is not for cardiopulmonary
 - resuscitation (CPR); and
 - in case of difficulty or doubt seek the advice of the VCI Medical Advisory Committee;
- subject to requirements of relevant laws, keep confidential details of all information which comes to his or her knowledge concerning clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services within VCI;
- participate in internal risk management, quality assurance or clinical audit programs approved by the Medical Advisory Committee or relevant clinical area.
- participate in the review of clinical performance indicators and other measures of clinical care / patient safety;
- comply with the VCI Standards, NSQHS, By-laws and all Policy Statements relevant to them;

- ensure availability when deputising for another Practitioner;
- participate in educational activities as required by the clinical college awarding the qualifications upon which accreditation is based;
- provide relevant detail of current medical malpractice public liability insurances and current medical registration, according to the VCI's administrative requirements;
- at the request of the Medical Director, provide evidence of his or her holding any licence required for the conduct of his or her practice;
- as soon as reasonably practicable after their occurring any incident which, in the opinion of the Accredited Practitioner, could give rise to a claim that there has been negligence or a breach of duty or care or a want of care on the part of the Accredited Practitioner or an employee of the VCI, furnish to the Medical Director a report in writing of all facts and circumstances surrounding that incident;
- advise the Medical Director of any reason why he or she should not continue to be accredited by reason of suspension by the Medical Board,
- serious impairment to health or any other cause;
- participate in the Hospital's after hours availability rosters as required reasonably by the medical director; and
- comply with all Standards required or set by the Australian Council of Health Care Standards / ISO / DHS and with all those requirements and standards set by any authority having control of or jurisdiction over the Hospital with which the Medical Director requires him or her to comply.

6.5 Surgical Assistants

All surgical assistants who are medical practitioners must be accredited at VCI at which they seek to practice. An assistant who is not an Accredited Practitioner must provide to the Director of Nursing, evidence of insurance prior to their assisting in the operating room.

6.6 Nurse Surgical Assistants

Accredited Practitioners may be assisted in the operating room by a nurse as surgical assistant provided that he or she shall have first satisfied the Director of Nursing that they holds a current registration and is of good standing with the Victorian State Nurses Board (NBV). Where the nurse is not an employee of the VCI they must also furnish to the Director of Nursing full particulars of their insurance.

6.7 Responsibility for Surgical Assistants and Students

Each Accredited Practitioner is responsible for the conduct of each assistant and student engaged by or assigned to him or her.

6.8 Record of Assistants

VCI must maintain a record of all persons who assist in procedures in the operating room.

6.9 Availability

Every Practitioner who admits a patient to VCI must be available for contact at all times either personally or by another appropriately qualified Accredited Practitioner in the place of the first named Practitioner and must provide to the Medical Director a telephone number for contact at any time.\

6.10 Obligations to Caregivers

It is the obligation of all Accredited Practitioners to treat all Caregivers and all other persons employed, engaged or working in VCI justly and with respect. An Accredited Practitioner shall not abuse or assault (sexually or otherwise) bully, harass or intimidate any Caregiver or any other such person.

7. CLINICAL RESPONSIBILITIES

7.1 Clinical Findings and Instructions

Every Accredited Practitioner must in clearly legible form:

- record in the medical record of each patient all procedures conducted, all instructions given and, so far as is practicable, all clinical findings made and the results of all investigations conducted with respect to that patient;
- prepare and retain an operation record for all operative procedures; and
- ensure that there are adequately detailed case notes concerning each of her or his patients in VCI.

7.2 Responsibility for and Discharge of Patients

- An Accredited Practitioner admitting a patient will be regarded as the Practitioner treating that patient and responsible for that patient until he or she notifies the patient and the appropriate nurse of the transfer of that patient to the care of another Practitioner; and
- The discharge of a patient may be authorised only by the Practitioner responsible for that patient, or by a registered nurse in accordance with standard written discharge criteria which may be agreed in writing by the Practitioner and VCI from time to time.

7.3 New Procedures or Equipment

- An Accredited Practitioner shall not, without obtaining the approval of the Medical Director or written advice from the Medical Advisory Committee:
 - undertake within VCI any procedure which is different from accepted practice; or
 - use or employ any equipment which is new to a procedure or which is untried or experimental to that procedure; and must:
 - at all times act in accordance with VCI policies relative to the introduction of new procedures and new equipment.
- An Accredited Practitioner who is in doubt or uncertain as to whether this By-laws applies shall refer the matter to the Medical Director, or where there is none, to the Managing Director

7.4 Emergency Authority

In an emergency, the Medical Director or the Director of Nursing or their nominee for the purpose may take such action as is considered appropriate in the interests of a patient including, but not limited to, the arranging for the attendance of another Practitioner.

7.5 Action by Medical Practitioners

In each and every case of emergency any Medical Practitioner may, irrespective of the nature of his or her accreditation:

- render assistance and do all that is possible to sustain the life of a patient;
- have access to each and every item of equipment within VCI; and
- request any other Practitioner / staff member to render assistance for the treatment of the patient.

7.6 Provisions to Apply in Cases of Emergency

In the case of an emergency the following provisions apply:

- the person dealing with the emergency treatment of the patient:
 - will advise the patient's Practitioner at the earliest possible opportunity of the emergency and of action taken in regard to the patient;
 - may make referrals for the purpose of urgent consultations or treatment as he or she considers appropriate; and

- will prepare a written report of the emergency and of the steps taken in dealing with it and will place that report in the patient's medical record;
- the patient will be returned as soon as possible to the care of the Practitioner who admitted that patient, and that Practitioner will then be responsible for giving instructions regarding further care;
- only the Designated Medical Practitioner or the person dealing with the emergency may release clinical information required by another Practitioner or Healthcare facility

7.7 Orders, Prescriptions and Other Documents

- All orders and prescriptions for the treatment of patients must be given in writing and in accordance with all Laws provided that verbal orders may be given by telephone to a registered nurse, who will write the order in the patient's notes and will confirm the order by reading it back to the Practitioner;
- The Practitioner giving an order or prescription by telephone shall within twenty four (24) hours of giving that order or prescription:
 - initial that record of the order or prescription and enter it on the medication chart; and
 - write the prescription.
- All prescriptions shall be prepared and maintained as required by law. All administration, handling and recording of schedule drugs shall be in accordance with all Laws governing poisons and the policy of VCI;
- Each Practitioner attending a patient at the Division must, immediately following the discharge of that patient from VCI complete and sign all documents required to be completed, signed and submitted to a health fund and to the Health Insurance Commission in order for VCI to claim, receive or be reimbursed moneys due to it.

7.8 Review

VCI may develop at any time a system of review or audit of medical records in the interests of VCI and for the maintenance and improvement of professional standards.

All Accredited Practitioners are expected to participate actively in audit and case reviews.

8. LEAVE OF ABSENCE

8.1 Locum Tenens

An Accredited Practitioner shall ensure that:

- an alternative suitably qualified locum tenens is available to provide care and treatment in his or her absence; and
- that the locum tenens is accredited to VCI and, if necessary, arrange temporary accreditation for him or her.

9. CONSENT

9.1 Patient's Consent

Each Practitioner who is to undertake a procedure must:

- ensure that each patient who is to undergo the procedure has been informed fully of:
 - the nature of the procedure;
 - it's probable effects on the patient;
 - how it will affect the patient's condition;
 - why it is considered necessary;
 - the risks attendant upon the procedure;
 - the alternative types of treatment available; and
 - the likely consequences of the patient declining the procedure;
- obtain from the patient who is to undergo the procedure his or her informed written consent on the form provided or approved by VCI for the purpose and signed by the patient; and
- ensure that the form of written consent is delivered to VCI's admission officer at or before the time of the admission of the patient to VCI, or where that is not possible, to the Director of Nursing, of the patient's admission ward prior to the commencement of the procedure.

9.2 Minors

The competence of a person under the age of eighteen (18) years (a "Minor") to consent to or to withhold consent to treatment depends not on his or her age, but on his or her level of intelligence, maturity and understanding. If the Minor understands and retains all of the matters mentioned in By-law 9.1, that Minor can consent to or withhold consent to a procedure.

As a general principle, where a Minor is under the age of fourteen (14) years, the required consent should be sought from the Minor's parent or the person in loco parentis to that Minor, provided that where that consent cannot be obtained within the required time, the approval should be sought from the medical Director or the Director of Nursing.

9.3 Persons with Intellectual Disability

Where it is not possible to obtain the consent of a patient due to the patient's mental incapacity, the consent required shall be sought from the patient's legal guardian. Where the patient does not have a legal guardian the matter should be referred to the Guardianship Board for a direction or ruling as to the manner in which any consent which is required is to be obtained.

9.4 Consent Not Obtainable

Informed consent in writing is not required to an emergency procedure which is deemed urgent and necessary to save life. Advice should be sought from the Medical Director in all cases where informed consent cannot be obtained.

This principle of necessity does not extend to discretionary procedures even if performed in association with a life-saving procedure.

10. OPERATING ROOMS

10.1 Utilisation of Operating Sessions

Sessions for the use of operating rooms are allocated by VCI to Accredited Practitioners on the basis that each session will be fully utilised.

Wherever possible an Accredited Practitioner shall give to the Medical Director not less than twenty-eight (28) days' notice of times during which operating sessions assigned to him or she will not be fully utilised.

VCI may, and reserves the right to:

- modify or change the allocation of theatre sessions having regard to usage or the demands for urgent surgery or any other reason which the Medical Director considers appropriate; and
- make casual bookings for the whole or part of any operating suite session which is not fully utilised.

10.2 Variations in Session Times

Practitioners may negotiate variations from the standard session times with the Director of Nursing for the operating suite.

11. ANAESTHETICS (OTHER THAN LOCAL)

11.1 Accreditation

Anaesthetics may be administered only by Practitioners who are accredited to VCI and who hold clinical privileges in anaesthesia.

11.2 Documentation and Records

All anaesthetics administered in VCI shall comply with all standards of the Australia & New Zealand College of Anaesthetists.

Anaesthetic records must be completed by the end of each procedure and must include details of:

- all drugs administered and procedures undertaken as part of the anaesthetic;
- the patient's condition and observations during the anaesthetic; and
- post-anaesthetic observations and care including information as to a contact telephone number for the anaesthetist in the event of any complication or concern.

11.3 Consultation Prior to Administration

Every patient undergoing anaesthesia in the VCI shall be seen by his or her anaesthetist at an appropriate time prior to the anaesthetic being administered.

12. STANDING ORDERS

12.1 Review of Standing Orders

Each Accredited Practitioner may provide Standing Orders to VCI to which he or she is accredited.

Standing orders must:

- be reviewed and signed each year by the Accredited Practitioner;
- be consistent with the policies and practices of VCI at which they are provided;
- include written instructions for post-operative or post-procedure management of patients; and
- not contravene any Laws.

13. DIAGNOSTIC SERVICES

13.1 Pathology

All pathology procedures for patients of VCI shall be carried out by or under the supervision of an accredited specialist pathologist.

13.2 Requests for Pathology Service

A Practitioner may request a pathology procedure either verbally or in writing provided that the Practitioner shall confirm a verbal request in writing within a maximum of seven (7) days of the day on which the verbal request was made.

13.3 Tissue Assessment

All tissue that is relevant to the diagnosis of the condition of a patient which is removed from a patient during surgery shall be submitted to histopathological and cytological examination.

14. IMAGING SERVICES

14.1 Diagnostic Imaging

All diagnostic imaging services for patients are to be carried out by an accredited specialist radiologist or other Accredited Practitioner who is licensed under law to undertake radiological procedures.

15. MEDICAL RECORDS

15.1 Property in Medical Records

All medical records compiled at VCI are the property of VCI.

15.2 Patient Health Records

(a) Full and detailed documentation of a patient's condition and treatment (including a final diagnosis and any co-morbidities) must be maintained in the medical record of that patient at all times.

(b) All writing in the medical records of patients must be in clearly legible form and comply with all policies of VCI in relation to the keeping and maintaining of medical records.

(c) The Practitioner treating a patient shall complete a discharge summary in relation to that patient before or at the time of discharge of the patient and shall provide for the medical record a copy of that summary or a copy of the discharge letter forwarded to the patient's general practitioner.

15.3 Privacy Legislation

VCI manages all of the personal information it handles in accordance with the Privacy Act (1988). The VCI Privacy Policy summarises the requirements of the Privacy Legislation and its impact on all operations of VCI. All VCI employees and Accredited Practitioners who deal with or hold personal information in respect of patients, which is collected or held by VCI, must abide by this Privacy Policy.

15.4 Release of Information

All Practitioners must keep confidential at all times all matters related to the clinical care of patients in VCI and shall not release any information in relation to a patient except where:

- the patient has approved in writing the release of that information;
- the Practitioner is required by law to release that information; or
- the information is necessary for the on-going clinical management of the patient.

16. MEDICAL ASSOCIATION

16.1 Establishment of the Medical Association

The Medical director shall determine if there shall be a Medical Association at VCI. If the medical Director determines that there shall be a Medical Association then it shall consist of all Accredited Practitioners and the provisions of By-laws shall apply.

16.2 Annual General Meeting of Accredited Practitioners

If a medical Association is convened and operated at VCI on behalf of the accredited practitioners:-

- An Annual General meeting of the Medical Association shall be held once in each calendar year.
- The Medical Advisory Committee shall call each annual general meeting of the Medical Association.
- At least fourteen (14) days written notice together with a copy of the agenda setting out the business of that annual general meeting shall be delivered to each member of the Medical Association.
- For meetings of the Medical Association one tenth in number of the members present in person shall constitute a quorum.

17. MEDICAL ADVISORY COMMITTEE

17.1 Requirement for Medical Advisory Committee

There shall be a Medical Advisory Committee the purpose of which shall be to advise the Medical Director with respect to the following:

- making clinical policy, planning and review of the clinical procedures of VCI
- the ensuring of appropriate conditions and standards for clinical procedures within VCI;
- the review of and approval for the introduction of new surgical and medical procedures within VCI;
- the conduct of the process for delineation of clinical privileges;
- the review of matters relating to clinical practice and accreditation;
- dealing with managing and prescribing the practice and behaviour of impaired and disruptive medical practitioners;
- all matters relating to patient safety and quality of patient care; and
- quality improvements and initiatives
- issues of competency of Practitioners – surgical / nursing.

17.2 Function and Role of the Medical Advisory Committee

The Medical Advisory Committee shall:

- provide advice and assistance to the Managing Director and the Medical Director in all aspects of clinical practice, patient safety and quality of care;
- promote and participate in continuous quality improvement activities relating to clinical practice and in such programs and reviews as may be established by VCI as a part of its program of clinical risk management;
- if requested by the Medical Director to do so, and in consultation with the appropriate scientific subcommittee, or other persons nominated by the Medical Director:
 - review and recommend to the MAC Committee clinical research to be undertaken; and
 - review the reports of indicators of care provided by VCI;
- use its best endeavours to ensure that patient care and safety is delivered at the highest possible level of quality and efficiency and in accordance with:
 - the Mission, Philosophy, Values and Ethics of VCI;
 - NSQHS requirements / clinical standards
 - these By-laws; and

- the Statement of Principles;
- use its best endeavours to ensure that:
- education, teaching and research are fostered and promoted within VCI;
- there is promoted within VCI a close working relationship between the Accredited Practitioners and VCI;
- assist in identifying health needs in the community and provide advice to VCI on appropriate services to meet those needs and
- where appropriate and in association with the MAC Committee, monitor progress of clinical research conducted or undertaken at VCI and in particular, its impact on clinical care, and make to the medical Director such recommendations as it considers appropriate; and
- at the request of the Medical Director provide to him advice on matters relating to clinical research or applications for clinical research conducted or undertaken at VCI.

17.3 Constitution of Medical Advisory Committee

The Medical Advisory Committee will comprise persons who are:

- elected from the Accredited Medical Practitioners of the organisation; and
- appointed by the Managing Director;

The Medical Director and the Director of Nursing shall be members of the Medical Advisory Committee, ex officio. The Medical Director shall at his discretion determine:

- the number of persons who are to comprise the Medical Advisory Committee from time to time; and
- the process by which persons are to be elected or nominated to the Medical Advisory Committee.

The Managing Director may institute a process to facilitate the election of persons to the Medical Advisory Committee of persons from each of the principal clinical specialties.

In respect of the Medical Advisory Committee the Managing Director shall determine and set out in writing:

- the term of office of its members;
- the manner in which its Chair is to be elected or nominated;
- the frequency of its meetings;
- the quorum for its meetings;
- its voting procedures; and
- the taking and keeping of minutes of its meetings.
-

The Medical Director may at any time and from time to time and at his discretion, amend or vary any determination made by him or any process instituted by him under this By-laws.

17.4 Terms of Reference

The Medical Director shall specify in writing the terms of reference of the Medical Advisory Committee that shall be documented in a written VCI protocol.

17.5 Resignation

(a) A member of the Medical Advisory Committee may resign there from at any time by notice in writing to the Chairperson thereof.

(b) The Chairperson shall determine whether and in what manner there shall be filled any vacancy created in the Medical Advisory Committee by the resignation or death or incapacity of one (1) of its number.

17.6 Research

Clinical research or research which is related to clinical practice (“Research”) may not be undertaken without the approval of the managing Director of VCI at which that research is intended to be carried out.

All proposals for Research shall be referred to the Medical Director. The Medical Director shall:

- liaise with the appropriate clinical department who will assess its impact on clinical practice;
- if he considers it appropriate that the research proposed be conducted at VCI, submit the proposal to the MAC Committee for its decision as to whether the research should proceed;
- inform the proponent if approval is given for the Research proposed to be undertaken at that Division; and The person undertaking the research (“Researcher”) shall report to the Medical Director:
- progress of the Research to the Medical Director at the end of each period of three (3) months or at such other intervals as the Medical Director shall require; and
- advise in writing the Medical Director of all adverse outcomes as soon as practicable after the same shall occur.

The Medical Director shall report to the MAC Committee progress of and all adverse outcomes occurring in the course of that Research.

17.7 Confidentiality

The proceedings of the Medical Advisory Committee, its sub-committees and minutes of meetings thereof shall be kept strictly confidential to VCI.

18. DEFINING THE SCOPE OF CLINICAL PRACTICE

18.1 Credentialing Committee

The Managing Director shall cause to be established at VCI a Credentialing Committee with written terms of reference defining its operation and membership. VCI will publish and keep current guidelines for the credentialing of Practitioners which will be available to applicants for accreditation and Practitioners on request to a Medical director.

18.2 Credentials

The Scope of Clinical Practice granted to a Practitioner under these By-laws:

- is specific to the individual;
- is specific to VCI within or for which they are granted; and
- relates to resources, staff and equipment available within VCI

18.3 Constitution of Credentialing Committee (Medical Advisory Committee)

The following shall apply to the Credentialing Committee

- Membership - Members of the Credentialing Committee will be elected from the Accredited
- Medical Practitioners of the Division or failing that shall be the medical advisory committee.
- Appointment of Members - The Medical Director must:
 - determine the number of persons who are to comprise the Credentialing Committee; and
 - establish a procedure by which persons shall be elected or nominated to the Credentialing Committee and may at any time and from time to time amend or vary that procedure.

The Medical Director may at any time and from time to time and at his or her discretion amend or vary the number of persons comprising the Credentialing Committee and or the procedure by which persons are to be elected to the Credentialing Committee.

- Representation - The Medical director shall attempt to ensure, so far as is practicable, the election to the Credentialing Committee of representatives from the principal specialties practicing at VCI.
- Proceedings - The Credentialing Committee shall function independently of the Medical Advisory Committee or any other committee of VCI.
- Members may be co-opted - The Credentialing Committee may co-opt to the Credentialing Committee not more than two (2) additional members of any discipline relevant to a matter before it, and one other person from the relevant professional college.

18.4 Role and Function of Credentialing Committee

The Credentialing Committee shall:

- (a) receive all applications for accreditation and re-accreditation of Practitioners to VCI;
- (b) consider all applications for accreditation and re-accreditation of Practitioners to VCI in accordance with the provisions of these By-laws and the guidelines for the credentialing of Practitioners referred to in the By-law;
- (c) make recommendations to the Medical Director regarding the appointment and delineation of clinical privileges in respect of each applicant for accreditation; and
- (d) review as required from time to time the scope of clinical practice of any Practitioner, and make recommendations concerning the amendment of those privileges, conditions of accreditation, or suspension or termination of accreditation.

19. CATEGORIES OF ACCREDITATION

19.1 Categories

An Applicant for accreditation may be granted accreditation in any one of the following categories of accreditation:

- Accreditation as a General Practitioner;
- Accreditation as a Specialist;
- Accreditation as a Dental Practitioner;
- Accreditation as a Surgical Assistant;
- Accreditation as a Medical Officer;
- Accreditation as an Employee;
- Accreditation as a Staff Specialist; and
- Accreditation as an Emeritus Consultant.

19.2 Accreditation as a General Practitioner

Accreditation as a General Practitioner entitles a Practitioner to:

- exercise such clinical privileges as are allowed by VCI to general practitioners from time to time;
- carry out the ordinarily accepted duties and responsibilities of a general practitioner within VCI;
- utilise the available medical and ancillary facilities of VCI
- provide services in the case of an emergency.

In addition a Practitioner who has Accreditation as a General Practitioner shall be entitled to exercise any other privileges which may be allowed, granted or extended to him by VCI.

19.3 Accreditation as a Specialist

Accreditation as a Specialist is available to a Practitioner who is certified by the relevant Clinical College and recognised as a Specialist for the payment of medical benefits by the Health Insurance Commission. Specialist Accreditation entitles a practitioner to such clinical privileges:

- as are allowed by VCI from time to time to specialist practitioners of that discipline or specialty; and
- as VCI may allow in relation to that specialist practitioner in relation to specific procedure(s).

19.4 Accreditation as a Nurse Practitioner

Accreditation as a Nurse Practitioner:

- is available to a Nurse Practitioner with qualifications in nursing;
- entitles a Nurse Practitioner to practice within VCI in accordance with their expertise and experience in such procedures as VCI may allow at the time of their being accredited.

19.5 Accreditation as a Surgical Assistant

Registered Practitioners may seek accreditation as surgical assistants. A Registered Practitioner who seeks accreditation shall lodge with his application evidence of his registration with the Medical Board and of their medical malpractice insurance.

A Practitioner accredited as a surgical assistant:

- must practise under the supervision of the treating Practitioner;
- does not have rights to admit patients to VCI

19.6 Accreditation as a Medical Officer

A Practitioner who seeks to be employed by the Hospital must first obtain accreditation as a Medical Officer. Accreditation as a Medical Officer permits the Practitioner to be employed by VCI and to provide ward or unit based medical care to patients on behalf of and at the direction of an Accredited Practitioner. A Practitioner accredited as a Medical Officer has no rights to admit patients except under the care of an Accredited Practitioner. For the purpose of this By-law “Medical Officer” means a resident medical officer or a registrar in training or a medical practitioner trained elsewhere than in Australia to whom approval has been granted by the Medical Board.

19.7 Accreditation as an Employee

Employee Accreditation:

- is available to a Practitioner who is employed by VCI or a Practitioner or a group of Practitioners or a corporation the directors of which are Practitioners; and
- shall cease at the time when the Practitioner ceases to be employed by the employer who employed him or her at the time when accreditation was granted to him or her.

19.8 Accreditation as a Staff Specialist

A Practitioner who is to be employed as a specialist must first be accredited by the Hospital as a staff specialist or to provide a contracted specialty service. A Practitioner who is accredited as a Staff Specialist has independent admitting rights.

19.9 Accreditation as an Emeritus Consultant

Accreditation as an Emeritus Consultant is available to a Medical Practitioner or Nurse Practitioner who, in the opinion of the Medical Advisory Committee is a distinguished member of his profession and who has provided meritorious service to VCI, their profession or the community.

Accreditation as an Emeritus Consultant:

- is renewable each 12 months;
- does not carry with it, any admitting rights.

20. APPLICATION FOR ACCREDITATION

20.1 Accreditation

An Application for accreditation:

- (a) shall be made to Victorian Cosmetic Institute
- (b) may be made for accreditation for more than one specialty.

20.2 Application

A Medical Practitioner seeking accreditation to VCI will submit to the Director of Nursing:

- an application in the form provided by VCI which contains the following information:
 - (i) the specific category and procedures for which clinical privileges are sought; and
 - (ii) the names of three (3) referees who possess recent knowledge of the applicant's qualifications and professional skills and experience;
- proof of current registration with the State;
- evidence of current professional indemnity insurance cover;
- an authority in writing to the Medical Advisory Committee to seek and obtain information as to the past experience and performance of the applicant as the Medical Advisory Committee sees fit;
- a written undertaking on the form provided by VCI and signed by the Practitioner to comply with the VCI By-laws;
- and a current photograph, unless the Medical Director dispenses with this requirement.

If a Practitioner desires accreditation for more than one specialty, he or she may indicate this desire in their application and VCI will facilitate the process of consideration of the application by the Medical Advisory Committee at VCI which the Practitioner seeks accreditation.

20.3 Referees

By applying for accreditation the applicant authorises the Director of Nursing or his or her nominee to seek from the applicant's referees:

- an opinion as to:
 - (i) the applicant's clinical and technical skills and experience;
 - (ii) the standing of the applicant in his or her discipline; and
 - (iii) whether, on the basis of the referee's knowledge of the applicant, the applicant would be compatible with the ethos of VCI
- information as to the applicant's involvement in educational, peer review and clinical quality activities;
- any other information which the Medical Director considers relevant to the application; and;
- the basis of each referee's knowledge of the applicant.

20.4 Presentation of Application to the Medical Advisory Committee

The application for accreditation will be presented to the Medical Advisory Committee which will endeavour to consider the application and all accompanying material within two (2) months of the application being presented.

20.5 Recommendations by Medical Advisory Committee

The Medical Advisory Committee will consider each application for accreditation and will, as soon as practicable after completing its consideration of the application, make its recommendation to the Medical director as to whether:

- the applicant should be granted accreditation, and if so, upon what conditions (if any);
- the applicant should be granted provisional accreditation from, and if so, upon what conditions (if any);
- the applicant should be granted temporary accreditation;
- the application should be deferred pending the receipt of further information from the applicant; or
- the application for accreditation should be refused.

20.6 Period of Accreditation

Accreditation shall be granted for periods as provided for in this by-law.

20.7 Forms of Accreditation

The Medical Advisory Committee may recommend and the Medical director may grant any of the following forms of accreditation:

- Temporary Accreditation as referred to in by-law 20.8; or
- Provisional Accreditation as referred to in by-law 20.9; and
- Full Accreditation as referred to in by-law 20.11 to a Practitioner of Provisional Accreditation.

20.8 Temporary Accreditation

- Subject to by-law 20.8, temporary accreditation may be granted for a period not exceeding six (6) months;
 - Temporary Accreditation ceases upon the expiration of the period for which it is granted or on the date upon which the medical Director informs the applicant of the decision made in respect of the applicant's application for accreditation;
 - The period of temporary accreditation may be extended beyond six (6) months by the Medical Director where the Medical Advisory Committee or Director of Nursing has not had sufficient opportunity within that period in which to make a decision regarding the application or wishes to defer any decision so as to allow the applicant further time in which to satisfy it on any matter or thing concerning that application.

20.9 Provisional Accreditation

Except in the case where it is determined to grant temporary accreditation to a Practitioner, the Medical director shall grant to every Practitioner to whom it is determined shall be accredited to VCI, provisional accreditation. Provisional Accreditation for shall be granted for one (1) year (the "Period of Provisional Accreditation").

20.10 Suspension or Termination during Provisional Accreditation

The Medical director may during the Period of Provisional Accreditation of a Practitioner suspend or terminate the Provisional Accreditation of that Practitioner.

20.11 Full Accreditation

Before the Period of Provisional Accreditation of a Practitioner expires, the Medical Advisory Committee:

- will review that Practitioner's accreditation having regard to all the matters and things which it is required to take into account on a Practitioner's application for accreditation in the first instance; and
- may seek from the Practitioner or any member of VCI or medical director any information or material concerning that Practitioner or his or her practice which it considers material or relevant to the Practitioner's accreditation; and
- shall make to the Medical Director its recommendation as to whether the accreditation of the Practitioner shall be:
 - (i) extended to Full Accreditation; or
 - (ii) suspended; or
 - (iii) terminated.

For the purpose of these By-Laws, "Full Accreditation" shall mean such period of not less than one (1) year nor more than four (4) years as the Medical Director having regard to the recommendation of the Medical Advisory Committee shall determine.

20.12 Medical Director to Inform Practitioner

The Medical Director shall:

- consider the recommendation of the Medical Advisory Committee as to whether a Practitioner shall be granted Provisional Accreditation or Full Accreditation (including the period for which Full Accreditation is granted) or whether the Practitioner shall be suspended or terminated;
- inform the Practitioner of every decision made in respect of that Practitioner as soon as practicable after that decision is made.

20.13 Medical Director Not Required to Give Reasons

The Medical Director may refuse an application for accreditation in his or her sole and absolute discretion and is not required to assign any reason for so doing. The Medical Director is not required to give:

- to an applicant for accreditation whose application is refused any reason for the refusal of that applicant's application; or
- to any Practitioner to whom Full Accreditation is not granted or whose Provisional Accreditation is not granted or terminated any reason for that Practitioner not being granted Full Accreditation or for that Practitioner's Provisional Accreditation being suspended or terminated.

20.14 Accreditation Record

The Medical Director will maintain a complete record of the accreditation granted to each Practitioner.

20.15 Confidentiality

Every Practitioner including the applicant must treat as confidential the proceedings relating to the granting to Practitioners of accreditation or re-accreditation and the delineation of privileges.

21. REFUSAL OF RE-ACCREDITATION

21.1 Refusal of Re-Accreditation or suspension or termination of Accreditation

The Medical Director may, but shall not be obliged to, refuse reaccreditation of a Practitioner or may suspend or terminate the accreditation of any Practitioner where:

- the Medical Director has formed the opinion that:
 - the Practitioner has engaged in practices which are contrary to the Values of VCI or these By-laws or the Statement of Principles; or
 - the Practitioner has been guilty of abuse (whether physical, sexual or verbal) or harassment or has caused unnecessary or unwarranted stress to other persons working in or visiting VCI; or
 - the conduct of the Practitioner has been or is reasonably likely to be contrary or inimical to the interests of the Day Surgery; or
 - the Practitioner is not of good repute; or
 - the Practitioner is not competent or appropriately skilled in the discipline or practise in which the Practitioner seeks accreditation or is accredited or practices (as the case may be); or
 - the accreditation or continued accreditation of the applicant would be contrary to the best interests of VCI or its patients or patient care at the Day Surgery
- the Medical Director does not have confidence in the Practitioner practicing at the Day Surgery for any reason including but not limited to:
 - the practice, or the standard of practice, or the competence or the general behaviour of the Practitioner;
 - the ability of the Practitioner to conduct his or her practice within VCI, to an appropriate or proper standard;
 - any matter or thing affecting the Practitioner's practice or ability to practise to an appropriate or proper standard; or
 - any allegation of incompetence, negligence or malpractice concerning the Practitioner; or
- there exists any other fact or circumstance which, in the opinion of the Medical Director renders it inappropriate or undesirable that accreditation be granted to the Practitioner or continued.

21.2 Circumstances where the Medical Director must refuse or suspend Accreditation

The Medical Director must refuse re-accreditation or may suspend or terminate the Accreditation of a Practitioner where the Practitioner has been found:

- guilty by a court of competent jurisdiction of an offence which could be prosecuted on indictment;
- by the Medical Board of the State to:
 - be guilty of infamous or improper conduct in a professional respect;
 - be dependent on alcohol or a deleterious drug;
 - be guilty of gross carelessness or incompetence;
 - have failed to comply with or to have contravened any condition or restriction imposed by the relevant Board with respect to professional practice;
 - suffer from any physical or mental illness to such an extent that his or her ability to practise is likely to be affected; or
- by any board or body established by a government in any place, to enquire into and make findings concerning the conduct of or the ability of medical practitioners to practise, to be guilty of any conduct or to be affected by or suffering from any dependency or any condition which, in the reasonable opinion of the Medical Advisory Committee, is similar to conduct or a dependency or a condition referred to in any of the sub-paragraphs) of the preceding By-law 21.1.

21.3 Finding of the Medical Board

A Practitioner shall notify in writing the Medical Director of any investigations commenced in respect of him or her and of any adverse finding or penalty imposed by the Medical Board of the relevant State or Territory relative to him or her or to his or her practice.

22. RE-ACCREDITATION

22.1 Process

The accreditation of all Practitioners shall be subject to a formal re-accreditation process by the Credentialing Committee at the end of each period of Full Accreditation in accordance with this part.

22.2 Application for Re-Accreditation

Each Accredited Practitioner who seeks re-accreditation shall:

- obtain from the Director of Nursing the application form; and
- complete and submit that form to the Director of Nursing no later than thirty (30) days prior to the date upon which the Accredited Practitioner's accreditation expires; and
- submit with the application:
 - (i) if the Medical Director so requires evidence of his or her participation in programs of continuing education and professional development and clinical quality activities since he or she shall have been accredited or last re-accredited (as shall have occurred most recently); and
 - (ii) evidence of his or her professional indemnity insurance.

22.3 Procedure

The following shall apply to each application for re-accreditation:

- the Medical Director shall submit the application to the Medical Advisory Committee for its recommendation.
- The Medical Advisory Committee:
 - (i) shall consider the application having regard to all matters and things which it is required to take into account on a practitioner's application in this first instance; and
 - (ii) may seek from the Practitioner any information or material which it considers material or relevant to the Practitioner's accreditation; and
 - (iii) shall make to the Medical Director its recommendation as to whether or not the applicant should be re-accredited.
- the Medical Director shall make a decision and shall inform the Practitioner of that decision as soon as is reasonably practicable after it has been made.

22.4 Lapse of Accreditation

Where a Practitioner does not seek re-accreditation or renewal of accreditation prior to the expiration of the Practitioner's period of accreditation, then that Practitioner's accreditation will lapse on the last day of the period for which that Practitioner has been accredited.

Upon the lapse of his or her accreditation a Practitioner shall cease to admit patients to the Day Surgery and to perform any clinical functions within the Day Surgery.

23. OBLIGATIONS OF ACCREDITED PRACTITIONERS

23.1 Obligations of Practitioners during Period of Accreditation

Each Accredited Practitioner must:

- observe, perform and comply with these By-laws;
- participate in such activities of the Day Surgery as the Medical Director requires;
- provide to the Medical Director punctually at such times as the Medical Director shall require evidence to the satisfaction of the Medical Director that the Accredited Practitioner remains registered and entitled to practise under the Medical Act of the State; and
- provide to the Director of Nursing:
 - (i) forthwith upon his or her being accredited and not less than fourteen (14) days prior to the expiration of any period for which he or she has professional indemnity insurance cover, evidence that such insurance cover is held and has been renewed; and
 - (ii) at such times as the Medical Director shall require an authority directed to the Accredited Practitioner's insurer authorising that insurer to provide to the Medical Director evidence of the currency of that Practitioner's insurance.
- forthwith upon the same occurring notify the Medical Director of any act, event or occurrence and/or Medical Board findings or any condition placed on his or her registration and/or which would render his or her accreditation liable to suspension or termination.

23.2 Liability for Suspension or Termination of Privilege

Notwithstanding the provision of any other By-law, the Director of Nursing may suspend or terminate the accreditation of any Practitioner:

- who has failed to comply with By-laws to the satisfaction of the Medical Director for such time as the medical Director considers that such failure continues; or
- where the Medical Director is not satisfied or cannot obtain satisfactory evidence that the Practitioner has satisfactory professional indemnity insurance or is registered with the relevant Medical Board.

24. AMENDMENT OF PRIVILEGES

24.1 Application to Amend Privileges

An Accredited Practitioner may apply for an amendment to or extension or variation of the clinical privileges previously granted to him or her. The application shall be made in writing to the Medical Director in accordance with the administrative requirements of the Day Surgery.

24.2 Procedure

An application for amendment to clinical privileges shall be:

- (a) submitted to the Medical Advisory Committee for its consideration and recommendation;
- (b) considered by the medical Advisory Committee using such criteria as it considers appropriate; and
- (c) together with the recommendation of the Medical Advisory Committee referred back to the Medical Director for a decision as to whether the application should be granted, denied or deferred.

As soon as convenient after receipt of the recommendation of the Medical Advisory Committee, the Medical Director shall advise the applicant if his or her application is granted, refused or deferred.

25. REVIEW OF SCOPE OF CLINICAL PRACTICE

25.1 Review by Medical Advisory Committee

The medical Advisory Committee may, at any time and from time to time, of its own volition and shall if requested by the Medical Advisory Committee or the Medical Director, review the Clinical Privileges granted to a Practitioner.

25.2 Open Disclosure

Each practitioner will abide by the Open Disclosure Framework implemented at VCI. The practitioner / nurse is to advise the organisation where they have participated in previous Open Disclosure programs. Any incident that leads to patient harm shall be subject to the Open Disclosure program and involve the patient, practitioner and associated processes to ensure that the issue is never allowed to re-occur through quality improvements / initiatives.

PART VII – APPEALS

26. APPEALS COMMITTEE

26.1 Constitution and Function of Appeals Committee

There shall be constituted an Appeals Committee whose function shall be to hear and determine appeals of all Practitioners against decisions to:

- refuse to renew the accreditation of an Accredited Practitioner;
- suspend or terminate the accreditation of an Accredited Practitioner; or
- restrict the right of or impose conditions on the right of an Accredited Practitioner to exercise clinical privileges within the Day Surgery.

26.2 Right of Appeal

An Accredited Practitioner may appeal any decision made under By-laws. An applicant for accreditation may not appeal any decision made under By-law 20 whether the decision is to refuse provisional accreditation or an application for accreditation or for full accreditation following the Period of Provisional Accreditation or as to any condition imposed on the applicant's accreditation or provisional application.

26.3 Lodgement of Appeal

A Practitioner (the "Appellant") who seeks to appeal any decision made under By-laws shall lodge with the medical Director, notice of appeal against that decision within thirty (30) days of receiving notice thereof. The Notice of Appeal shall comply with By-law 26.1. The Medical Director shall refer the appeal to the Appeals Committee.

26.4 Constitution of Appeals Committee

The Medical Director shall constitute an Appeals Committee to hear each appeal. So far as the Medical Director considers appropriate the Appeals Committee shall include:

- the Chairman of the Medical Advisory Committee;
- a representative of the college or body awarding qualifications for which the privileges are sought or denied and who may or may not be an accredited medical practitioner (as the case may be);
- a representative of the State branch of the Australian Medical Association or other body concerned with the discipline of the appellant;
- a person nominated by the Divisional Management Committee;
- an Accredited Practitioner in the specialty in which the appellant practises, nominated by the Medical Advisory Committee; and

- such other persons as the Medical Advisory Committee considers ought properly
- hear the Appellant's appeal.

27. APPEALS - FORM AND PROCEDURE

27.1 Form of the Appeal

The notice of appeal shall be in writing and shall specify:

- the name of the Appellant;
- the decision being appealed; and
- the grounds of appeal.
-

27.2 Procedure of Appeals Committee

- The Appeals Committee shall be convened and commence to hear an appeal within twenty one (21) days of the receipt of the notice of appeal.
- The Chair of the Appeals Committee shall be a person appointed by the chair or equivalent officer of the State branch of the Australian Medical Association or other body concerned with the discipline of the
- appellant;
- The Appeals Committee may conduct its hearing and may adjourn its hearings from time to time as it considers appropriate.
- The Appeals Committee shall:
 - (i) review all documents which it considers relevant to the Appellant's appeal;
 - (ii) hear the Appellant and such other persons as the Appellant or the Medical Director properly propose be heard;
 - (ii) afford to the Appellant and any person nominated by the Medical Director every reasonable opportunity to put any argument and submission which either wishes to make, either orally or in writing;
 - (iii) be entitled to seek the appearance before it of any person who has made a written submission;
 - (iv) consider and make a decision upon the Appellant's appeal; and
 - (v) as soon as practicable after reaching its decision, convey that decision to the Medical Director.

27.3 Communication of the Decision of the Appeals Committee

Within seven (7) days of his or her being advised of the decision of the Appeals Committee the Medical Director will notify the Appellant in writing of that decision.

27.4 Decision Final

The decision of the Appeals Committee will be final and binding on the Appellant and shall not be subject to further appeal or review by any tribunal or court of law.

28. ACKNOWLEDGEMENT BY PRACTITIONER

Each Practitioner who seeks accreditation or renewal of accreditation and each Practitioner to whom accreditation or renewal of accreditation is granted acknowledges that:

- first:
 - the grant of accreditation;
 - the privileges attached to accreditation;
 - the terms and conditions upon and subject to which accreditation is granted;
 - re-accreditation and the terms and conditions upon and subject to which accreditation is renewed;
 - the review of the terms and conditions which apply to accreditation and the privileges of accreditation;
 - suspension and termination of accreditation is within the discretion of the organisation; and
- secondly, that no Practitioner has any right, interest or legitimate expectations as to any one or more of:
 - the grant of accreditation;
 - the terms, conditions or privileges of accreditation;
 - re-accreditation; or
 - the maintenance or continuation of accreditation; and
- thirdly, these By-laws exist for the purpose of recording the procedures that will be observed and followed by the organisation from time to time and do not exist for the purpose of:
 - conferring on any Practitioner or Practitioners any legally enforceable rights; or
 - creating in any Practitioner any legitimate expectations in relation to any of the matters or things referred to in this By-law.

29. INDEMNITY AND CONFIDENTIALITY

29.1 Indemnity

Each Accredited Practitioner shall:

- (a) effect and maintain indemnity insurance in an amount and in respect of such risks as shall be sufficient to cover fully all his or her possible liabilities including incidents occurring during the period of accreditation and whether notified during the period of accreditation or after accreditation has ceased;
- (b) furnish to the Director of Nursing not less than fourteen (14) days prior to the expiry of any period for which he or she has indemnity insurance evidence of the renewal of that insurance.

29.2 Indemnification for Day Surgery Work

For so long as VCI is able to procure insurances at reasonable rates, it will insure Practitioners who serve on the Medical Advisory Committee, and the sub-committees thereof in respect of their activities on those committees or sub-committees and will provide particulars of those insurances to those Practitioners annually on the effecting or renewal of those insurances.

If VCI cannot procure that insurance at reasonable rates it will notify the members of the committees and sub-committees referred to in the preceding paragraph of its inability to do so.

30. MEETINGS – CONFIDENTIALITY

30.1 Proceedings of Meetings of Committees

- The proceedings and minutes of all committees of the Day Surgery will be confidential and will not be disclosed by any member of a committee or any other persons having access to those proceedings and minutes except as:
 - required by law; or
 - may be necessary for the obtaining of professional advice for or on behalf of the Division or for any member of that committee.
- Notwithstanding paragraph (a) decisions or recommendations of committees may be published by the Medical Director in abridged or other form by way of information or otherwise as he shall see fit.

PART VIII - PROCESS OF REVIEW OF BY-LAWS

31. REVIEW OF BY-LAWS

31.1 Amendments

These By-laws may be amended and or modified by VCI from time to time.

31.2 Ratification

No amendment or variations to the procedure for accreditation shall come into effect until such date as shall be specified by the National Chief Executive Officer. This date shall be not less than one (1) month after the date upon which notice of the amendment or variation shall have been forwarded to all Accredited Practitioners.

31.3 Review of By-laws

The Chairperson of the medical Advisory Committee shall cause these By-laws to be reviewed every three (3) years by the medical Advisory Committee and the accredited practitioners with a view to:

- ensuring that they remain appropriate and current; and
- their being given the opportunity to recommend any amendments, variations or additions which they consider ought be made to these By-laws.

PART IX - EFFECT OF BY-LAWS AND STATEMENT OF PRINCIPLES

32. BINDING EFFECT

32.1 Agreement of Practitioners

By seeking accreditation or renewal of accreditation at the Day Surgery or by continuing to practise at the Day Surgery following the receipt of a copy of these By-laws, a Practitioner agrees that he or she will be bound by the By-laws and will at all times in the course of his or her practice at or in the Day Surgery fully and faithfully observe and comply with all of these By-laws.

33. DOCUMENT HISTORY

Version	Date of Issue	Changes	Prepared by	Approved By
1.0	10.08.2011	Initial Issue of Bylaws	A. Bokinieć	C, Popplestone
2.0	01.08.2016	Inclusion of NQSHS	C. Popplestone	Dr. G. Chan
3.0	30.09.2019	Inclusion of VCI Day Surgery Change NQSHS to NSQHS	J. Vayler	Dr G. Chan