



# maryvale private hospital

## Hospital By-Laws

Effective from: 1 May 2021

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The By-Laws are to be used by the Maryvale Private Hospital Board (the “Board”) and Maryvale Private Hospital to determine the clinical governance requirements with respect to Accredited Practitioners.

## **1.0 Foreword**

1. This document sets out the By-Laws that are to be adopted by Maryvale Private Hospital Pty Ltd.
2. The By-Laws are to be used by the Maryvale Private Hospital Board (the “Board”) and Maryvale Private Hospital to determine the clinical governance requirements with respect to Accredited Practitioners.
3. These By-Laws apply to all departments within Maryvale Private Hospital.
4. These By-Laws must be read in conjunction with Maryvale Private Hospital’s constitution, policies, procedures and appendices adopted by the Board and Maryvale Private Hospital.
5. The Board has the sole authority to make and amend these By-Laws.
6. For the composition of Committees, membership constitution, method of selection of appointees, term of Appointment, review of Scope of Clinical Practice, frequency of meeting and quorum of Committees refer to the individual committee’s Terms of Reference for Maryvale Private Hospital.
7. The composition of each Committee will reflect Maryvale Private Hospital’s organisational requirements, organisational capacity and organisational need for the clinical services provided.
8. Where Maryvale Private Hospital’s Chief Executive Officer (CEO) has delegated their authority to a Delegated Authority in respect of any power under a particular By-Law, a reference to the Chief Executive Officer in that By-Law will also include that Delegated Authority.

## **2.0 Preamble**

The By-Laws mandate the Accreditation, Credentialing, Re-accreditation and process for defining and amending the Scope of Clinical Practice for Medical Practitioners, Dental Practitioners and Allied Health Professionals providing services to their patients at Maryvale Private Hospital.

The purpose of this process is to assess the training, experience, competence, judgement, professional capabilities and knowledge, fitness and character of a Medical Practitioner, Dental Practitioner or, Allied Health Professional who holds Accreditation or seeks Accreditation at Maryvale Private Hospital. Relevantly, there is the ability to amend, suspend or terminate a Medical Practitioner’s, Dental Practitioner’s or Allied Health Professional’s Accreditation or Scope of Clinical Practice in the interest of patient safety, the needs and capacity of the Hospital or if the Accredited Practitioner displays conduct inconsistent with Maryvale Private Hospital’s mission, vision or values.

Credentialing and defining the Scope of Clinical Practice are governance responsibilities of the Maryvale Private Hospital Board, CEO and may be delegated as appropriate. The Credentialing, Re-accreditation and the process for defining and amending Scope of Clinical Practice is a non-punitive process. These processes, as set out in these By-Laws, are fair and transparent.

Maryvale Private Hospital’s policies and practices reflect and are consistent with the expectation of the communities within which it is located. Those who obtain Accreditation as an Accredited Practitioner agree to respect and observe those principles embodied in the following (as amended from time to time):

- Mission, Vision and Values of Maryvale Private Hospital
- Code of Conduct of Maryvale Private Hospital
- Codes of Conduct articulated by relevant registration authorities
- These By-Laws
- Applicable policies, annexures and procedures
- Applicable State and Commonwealth policies and legislative requirements

### **3.0 Overview**

#### **About Maryvale Private Hospital**

Maryvale Private Hospital, located in Gippsland in Victoria, is a 46-bed private acute medical and surgical hospital known for its personalised care, friendly atmosphere and highly skilled staff.

The hospital services the Gippsland municipalities of East Gippsland, Wellington, Latrobe, Baw Baw, South Gippsland and Bass Coast as well as Melbourne metropolitan areas.

Not-for-profit private health insurer Latrobe Health Services, owner and operator of Maryvale Private, established the hospital in 1991 to provide for the health care needs of the Gippsland community.

These By-Laws are an important part of building and ensuring the continuation of a long and trusting relationship that will help achieve Maryvale Private Hospital's goal of becoming the health care provider of choice for doctors, allied health professionals, patients, staff and key stakeholders in Gippsland.

### **4.0 Maryvale Private Hospital's mission, vision and values**

#### **4.1 Our mission**

We provide personalised hospital care in a professional and safe environment to achieve optimal patient outcomes.

#### **4.2 Our vision**

To be the first choice in private health care in the greater Gippsland area for health professionals, patients, and employees.

#### **4.3 Our values**

- Respect – we treat others as we expect to be treated
- Integrity – we do the right thing
- Accountability – we take responsibility for our decisions and actions
- Innovation – we look to the future, create effective solutions and put them into action
- Teamwork – we value the contribution and the collaboration of individual staff members and their skills which are of benefit to the organisation
- Enjoyment and fun – we strive to maintain an environment in which we can enjoy working in. We focus on providing employees with flexible work arrangements to enable them to participate in the workforce
- Inclusion – everyone is equally important
- Safety – everyone should feel and be safe at Maryvale Private Hospital



## **5.0 By-Laws**

### **5.1 Function of By-Laws**

- a) Day to day managerial responsibility of Maryvale Private Hospital is delegated by the Board to the CEO. The By-Laws provide direction from the Board to the CEO in relation to exercise of certain aspects of their managerial responsibility.
- b) Medical and Dental care at Maryvale Private Hospital is provided by Accredited Practitioners who have been granted access to the Hospital and the use of the Hospital facilities. The By-Laws define the relationship and obligations between Maryvale Private Hospital and its Accredited Practitioners.
- c) Maryvale Private Hospital aims to maintain a high standard of patient care and to continuously improve the safety and quality of its Hospital services. The By-Laws, schedules and annexures implement measures aimed at maintenance and improvements in safety and quality.
- d) Maryvale Private Hospital is subject to numerous legislation and standards. The By-Laws assist in compliance with certain aspects of this regulation.

### **5.2 By-Laws apply to Maryvale Private Hospital**

This document sets out the By-Laws that apply to the Hospital and any other services which the Board has determined they will apply.

### **5.3 Inconsistencies with legislation**

Where there is any inconsistency between these By-Laws and any Act applicable to Maryvale Private Hospital, to the extent of such inconsistency the Act will prevail and apply.

### **5.4 Modification of By-Laws**

From time to time the By-Laws may be modified by the Board.

- a) Unless otherwise specified by the Board, changes take effect from the date the change is approved by the Board and such changes shall apply to all Accredited Practitioners from that date.
- b) If the modified By-Laws are to have retrospective effect, this must be specifically stated by the Board, as well as the time that the modifications shall take retrospective effect. The modified By-Laws apply to all Accredited Practitioners, including those Accredited Practitioners accredited prior to the modification of the By-Laws.
- c) The Board or CEO may approve the annexures that accompany these By-Laws, and amendments that may be made from time to time, and the appendices once approved by the Board or CEO will form part of the By-Laws.
- d) The Board or CEO may approve terms of reference, (as above) policies, procedures and audit tools that are created pursuant to these By-Laws or to provide greater detail and guidance in relation to implementation of aspects of these By-Laws. These may include but are not limited to Accreditation, Credentialing and Organisational Capabilities and the further criteria and requirements will be incorporated as criteria and requirements of these By-Laws.

## 6.0 Interpretation

### 6.1 Definitions

In these By-Laws, unless the context otherwise requires:

**Accreditation** means the authorisation in writing conferred on a person by the CEO, and the acceptance in writing by such person, to deliver medical, surgical, dental or other health services to patients at the Facility in accordance with:

- the specified Accreditation Classification where applicable and Scope of Clinical Practice;
- any specified Conditions;
- the Code of Conduct;
- the policies and procedures at the Hospital; and
- these By-Laws.

**Accreditation and credentialing committee** means the committee established for Maryvale Private Hospital for the purpose, inter alia, of considering:

- a) applications for Accreditation or re-accreditation by Medical Practitioners, Dental Practitioners or Allied Health Professionals;
- b) the Organisational Needs and Organisational Capabilities of the Hospital, including

New Clinical Services, Procedures or other Inventions;

- c) Scope of Clinical Practice for Accredited Practitioners and Accredited Professionals; and disputes, complaints and reviews in relation to items (a) to (c).

**Accreditation Classification** means one or more of the designated classifications of an Accredited Practitioner in respect of which Accreditation has been granted.

**Accredited Practitioner** means a Medical Practitioner or Dental Practitioner who has Accreditation at Maryvale Private Hospital in accordance with a specified Accreditation Classification and Scope of Clinical Practice.

**Accredited Professional** means an Allied Health Professional who has Accreditation at Maryvale Private Hospital.

**Act** means all relevant legislation applicable to and governing:

- a) the Facility and its operation;
- b) the support services, staff profile, minimum standards and other requirements to be met in the hospital; and
- c) the health services provided by, and the conduct of, the Accredited Practitioner.

**AHPRA** means the Australian Health Practitioner Regulation Agency established under the Health Practitioner Regulation National Law Act 2009 (as in force in each State and Territory), which came into effect on 1 July 2010.

**Allied Health Professional** means specialist nurses and Surgical Assistants/technicians, chiropractors, dietitians, independent midwives, occupational therapists, pharmacists, physiotherapists, podiatrists, psychologists, speech pathologists, social workers, rehabilitation counsellors or other categories of allied health professionals as determined by the Board.

**Application Form** means the form approved by the hospital from time to time for use by a Medical Practitioner, Dental Practitioner or, Allied Health Professional to apply for Accreditation at Maryvale Private Hospital.

**Board** means the Board of Directors of Maryvale Private Hospital

**Board Quality and Safety Committee** means a committee established by the Board to ensure systems are in place and are being monitored for the purposes of providing information to the Board so that the Board can assess and determine whether in respect of Maryvale Private Hospital and its subsidiaries:

- a) all clinical risks are being appropriately managed;
- b) safe, quality clinical care is being provided to patients, clients or residents; and
- c) a culture of clinical quality improvement is being fostered and is inherent.

**By-Laws** means these By-Laws, including any Schedules, as amended from time to time.

**Chief Executive Officer (CEO)** means the Chief Executive Officer of Maryvale Private Hospital.

**Code of Conduct** means the relevant code of conduct of Maryvale Private Hospital.

**Committee** means a committee or sub-committee established by Maryvale Private Hospital in accordance with these By-Laws including but not limited to perform the following functions:

- a) Credentialing and Accreditation in accordance with these By-Laws;
- b) Defining the Scope of Clinical Practice in accordance with these By-Laws;
- c) Appeals in accordance with these By-Laws;
- d) Patient care and clinical outcomes; and
- e) Clinical services

**Condition** means as applicable with respect to an Accredited Practitioner or an Accredited Professional: any condition imposed by a Regulatory Authority including the National Practitioner Board under the Health Practitioner Regulation National Law Act 2009; and any condition imposed pursuant to the processes set out in these By-laws.

**Credentialing** means the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a Medical Practitioner, Dental Practitioner, Allied Health Professional, an Accredited Practitioner or an Accredited Professional for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific Hospital environments. Credentialing involves obtaining evidence contained in verified documents to delineate the theoretical range of services, which an Accredited Practitioner is competent to perform.

**Credentials** means the qualifications, professional training, clinical experience, current registration and status, indemnity insurance, training and experience in leadership, research, education, communication and teamwork that contribute to the competence, performance and professional suitability to provide safe, high quality healthcare services at the Hospital.

**Current Fitness** means the current fitness required of an Accredited Practitioner (or Accredited Professional) to carry out the Scope of Clinical Practice sought or currently held. An individual does not have current fitness if that person suffers from any physical or mental impairment, disability, condition, or disorder which detrimentally affects, or is likely (in the CEO's reasonable opinion) to detrimentally affect the individual's physical or mental capacity to practice medicine or dentistry or

provide the relevant allied health service and carry out the Scope of Clinical Practice sought or currently held.

**Dental Practitioner** means a person registered as a dentist by the Dental Board of Australia governed by the AHPRA pursuant to the Health Practitioner Regulation National Law Act 2009 as in force in each State and Territory.

**Delegated Authority** means delegated authority of the CEO, which may include another senior position title of Maryvale Private Hospital.

**Director of Clinical Services (DCS)** means the Director of Clinical Services (or Director of Nursing, however titled) of Maryvale Private Hospital.

**Facility (or Hospital)** means a hospital or day procedure centre conducted by Maryvale Private Hospital.

**General Practitioner** means a Medical Practitioner who has been recognised as a general practitioner for the purposes of the Health Insurance Act 1973 (Commonwealth), who is registered as such by the relevant registration body and who may admit patients to Maryvale Private Hospital.

**Maryvale Private Hospital / Maryvale / MPH** means Maryvale Private Hospital Pty Ltd and its subsidiaries.

**Health Department** means the Department of Government with the responsibility for health in the State or Territory in which Maryvale Private Hospital is located.

**MAC** means Medical Advisory Committee appointed by Maryvale Private Hospital for the purpose of advising the Hospital (in its capacity as licensee of Maryvale Private Hospital) on the Accreditation and Re-accreditation of Medical Practitioners, Dental Practitioners and Allied Health Professionals at Maryvale Private Hospital and various other matters relating to the safety and quality of services at the Facility as defined in the relevant State and Territory Private Health Facility legislation

**Medical Practitioner** means a person registered as a medical practitioner by the Medical Board of Australia governed by AHPRA pursuant to the Health Practitioner Regulation National Law Act 2009 as in force in each State and Territory.

**National Law** means the Health Practitioner Regulation National Law Act (2009) as in force in each State and Territory from time to time.

**New Clinical Services, Procedures, or Other Interventions** means (including medical or surgical procedures, and the use of prostheses and implantable devices or diagnostic procedures) that are considered by a reasonable body of medical opinion to be significantly different from existing clinical practice. It includes a procedure that has not been performed at Maryvale Private Hospital, as well as variations to an existing procedure or treatment where a new device or item of equipment is introduced.

**Notifiable Conduct** means conduct as defined in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory, and amended from time to time, in relation to a registered health practitioner, and currently means the practitioner has:

- a) practiced the practitioner's profession while intoxicated by alcohol or drugs; or
- b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or

- c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- d) placed the public at risk of harm because the practitioner has practiced the profession in a way that constitutes a significant departure from accepted professional standards.

**Organisational Capabilities** means Maryvale Private Hospital's ability to provide facilities, services and clinical and non-clinical support necessary for the provision of safe, high quality clinical services, procedures or other interventions and associated allied health services in compliance with the relevant Private Health Facility Act in force in the State or Territory in which Maryvale Private Hospital is located and otherwise as required to satisfy the clinical services capability framework of the Hospital.

**Organisational Need** means the extent to which the Facility elects to provide a specific clinical service, procedure or other intervention or associated allied health service in order to provide a balanced mix of safe, high quality health care services that meet patient and community need and expectation. This will include consideration of the strategic, operational and business plans, goals and objectives of Maryvale Private Hospital, including the need for and profitability of various specialty services at specific Facilities.

**Perioperative Nurse Surgical Assistant** means a registered nurse who has undertaken an advanced practice nursing role as the first assistant in surgery.

**Professional Indemnity Insurance** means the insurance of an Accredited Practitioner or Accredited Professional taken out in accordance with By-Law 13.4.

**Professional Misconduct** has the same meaning prescribed to that term and the term "Unsatisfactory Professional Conduct" in the Health Practitioner Regulation National Law Act 2009 or associated Act as in force in each State and Territory and includes (but is not limited to):

- a) unprofessional conduct by the practitioner that amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience; and
- b) more than one instance of unprofessional conduct that, when considered together, amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience; and
- c) conduct of the practitioner, whether occurring in connection with the practice of the health practitioner's profession or not, that is inconsistent with the practitioner being a fit and proper person to hold registration in the profession.

**Prohibited Person** means a person prohibited under any applicable child protection legislation in any jurisdiction, from being employed or engaged in a child related area of activity, which may include the Appointment.

**Re-accreditation** means the formal process used to re-confirm the qualifications, experience and professional standing (including history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal record) of Accredited Practitioners (or Accredited Professionals) for the purpose of forming a view about their ongoing competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

**Registered Nurse** (employed by Visiting Medical Officer) means a registered nurse visiting the Hospital and employed by a Visiting Medical Officer.

**Registered Nurse** (working in a specialist area) means a registered nurse visiting the Hospital and working in a specialist area.

**Regulatory Authority** means any government or any governmental, semigovernmental, administrative, fiscal or judicial body, department, commission authority, tribunal, registration authority, agency or entity including for the avoidance of doubt AHPRA.

**Reportable Conduct** means any serious offence against children, as envisaged by applicable child protection legislation in any jurisdiction, including but not limited to neglect, assault or sexual offence committed against, with or in the presence of a child (including child pornography offences).

**Scope of Clinical Practice** means the process following on from Credentialing and involves delineating the extent of an Accredited Practitioner's (or Accredited Professional's) clinical practice within Maryvale Private Hospital based on the individual's Credentials, competence, performance and professional suitability and the Organisational Need and Organisational Capabilities of the Facility to support the Accredited Practitioner's (or Accredited Professional's) Scope of Clinical Practice.

**Surgical Assistant** means a health professional who assists under the direct supervision of a Specialist Practitioner in the pre-operative assessment, operating theatre and immediate post-operative care but is unable to initiate or change treatment orders or patient management.

**Temporary Appointment** means an appointment of an Accredited Practitioner (or Accredited Professional) for a specified period of less than 90 days, unless otherwise determined by the CEO.

**Unprofessional Conduct or Unsatisfactory Professional Conduct** has the same meaning prescribed to those terms in the Health Practitioner Regulation National Law Act 2009 as in force in each State and Territory.

## **6.2 General Information**

Rules for Interpreting these By-Laws

- a) The following rules apply in interpreting these By-Laws, except where the context makes it clear that the rule is not intended to apply:
  - i) Headings are for convenience only and do not affect interpretation.
  - ii) A reference to legislation (including subordinate legislation) is to that legislation as amended, re-enacted or replaced, and includes any subordinate legislation issued under it.
  - iii) A reference to a document or agreement, or a provision of a document or agreement, is to that document, agreement or provision as amended, supplemented, replaced or novated.
  - iv) A singular word includes the plural, and vice versa.
  - v) A word which suggests one gender includes the other gender.
  - vi) If a word is defined, another part of speech has a corresponding meaning.
  - vii) If an example is given of something (including a right, obligation or concept) such as by saying it includes something else, the example does not limit the scope of that thing.
  - viii) A reference to "Accredited Practitioner" in these By-Laws includes "Accredited Professional", as the context requires.
- b) Titles

- i) In these By-Laws, where there is use of the title "chairperson" the incumbent of that position for the time being may choose to use whichever designation that person so wishes.
- c) Quorum
  - i) Except where otherwise specified in these By-Laws or where otherwise determined by the CEO, the following quorum requirements will apply:
    - (a) where there is an odd number of members of the Committee or group, a majority of the members; or
    - (b) where there is an even number of members of the Committee or group, one half of the number of the members plus one.
  - (c) Resolutions without meetings
- d) A decision may be made by a Committee or group established pursuant to these By-Laws (except that established by By-Law 21) without a meeting if a consent in writing, including electronic means, setting forth such a decision is signed by all the Committee or group members, as the case may be.
- e) Meeting by electronic means
  - i) A Committee or group established pursuant to these By-Laws (except that established by By-Law 21) may hold any meeting by electronic means whereby participants can be heard and can hear but are not necessarily in the same place. The requirements of these By-Laws will nonetheless apply to such a meeting.
- f) Voting
  - i) Unless otherwise specified in these By-Laws, voting will be on a simple majority basis and only by those in attendance at the meeting of the relevant Committee or group and there will be no proxy vote.
- g) Delegation
  - i) Where these By-Laws confers a function or responsibility on the CEO, that function or responsibility may be performed wholly or in part by a Delegated Authority (except where the Board or the context of a By-Law or the delegations applicable to Maryvale Private Hospital requires that function or responsibility to be exercised personally by the CEO).
- h) Compensation
  - i) Unless there is a jurisdictional provision for compensation of such services, members of Committees or groups established under these By-Laws are not entitled to receive, and will not receive, compensation for any services rendered in their capacities as Committee members.

## **7.0 Privacy and Confidentiality**

### **7.1 Privacy**

Accredited Practitioners will comply with, and assist the Facility to comply with the Australian Privacy Principles established by the Privacy Act 1988 (Cth) and the various statutes governing the privacy of health information within each State and Territory in Australia (or equivalent laws if the facility is located in another jurisdiction).



## **7.2 Accredited Practitioners**

Subject to By-Law 7.1, every Accredited Practitioner must keep confidential the following information:

- a) business information concerning Maryvale Private Hospital or its subsidiaries;
- b) information concerning the insurance arrangements of Maryvale Private Hospital or its subsidiaries where applicable;
- c) personal, sensitive or health information concerning any patient, clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services and any employee or contractor of Maryvale Private Hospital or its subsidiaries
- d) individual contract agreements, business agreement, joint ventures or any other agreement with VMOs which would be considered 'Commercial in Confidence' or 'Confidential'
- e) the particulars of these By-laws

## **7.3 Committees**

All information made available to, or disclosed, in the context of a Committee of Maryvale Private Hospital will be kept confidential and be subject to all relevant privacy laws unless the information is of a general kind and disclosure outside the Committee is authorised specifically by the Committee, including the following information:

- a) the application for the Accreditation including designation of Scope of Clinical Practice of the Accredited Practitioner; and
- b) the application for or consideration of any change to Scope of Clinical Practice of the Accredited Practitioner

## **7.4 What confidentiality means**

The confidentiality requirements of By-Laws 7.1, 7.2 and 7.3 prohibit the recipient of the confidential information from using or disclosing it for any unauthorised purpose, copying it, reproducing it or making it public.

## **7.5 When confidentiality can be breached**

The confidentiality requirements of By-Laws 7.1, 7.2 and 7.3 do not apply in the following circumstances:

- a) where disclosure is required or specifically authorised By-Law;
- b) where use and/or disclosure of personal information is consistent with By- Law 7.1;
- c) where disclosure is required by a Regulatory Authority in connection with the Accredited Practitioner;
- d) where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality; or
- e) where disclosure will not breach By-Law 7.1 and is required in order to perform a requirement of these By- Laws or is required to provide clinical care to the patient.

## **7.6 Privacy and confidentiality obligations continue**

The privacy and confidentiality requirements of these By-Laws continue with full force and effect after the Accredited Practitioner ceases to hold Accreditation with Maryvale Private Hospital or its subsidiaries.



## **7.7 Maryvale Private Hospital**

Maryvale Private Hospital will be entitled to disclose an Accredited Practitioner's confidential information (including personal information and sensitive information as those terms are defined in the Privacy Act 1988 (Cth)) in relation to their Accreditation or any other matters related to these By-laws to other Maryvale Private Hospital entities.

## **7.8 Mandatory notification of Notifiable Conduct**

Notwithstanding By-Laws 7.1 to 7.8, all Accredited Practitioners acting in a management role with Maryvale Private Hospital must comply with their responsibilities under the National Law in regard to mandatory notification of Notifiable Conduct by another practitioner or a student undertaking clinical training where they have formed a reasonable belief that a health practitioner has behaved in a way that constitutes Notifiable Conduct in relation to the practice of their profession or suffers from an impairment that may place the public at substantial risk of harm.

## **8.0 Board Powers and Transitional Arrangements**

### **8.1 Board powers**

- a) The Board is empowered to make By-Laws, rules, regulations and policies for the operation of Maryvale Private as it may deem necessary from time to time.
- b) Unless otherwise specified, changes take effect from the time of the resolution by the Board.
- c) Any changes under By-Law 8.1(b) take effect from the date the change is approved by the Board and apply to all Accredited Practitioners from that date.

### **8.2 Transitional arrangements**

Accreditation under previous By-Laws is maintained under any new By-Laws approved by the Board.

## **9.0 Committees**

### **9.1 Power to establish operational Committees**

- a) The Board may establish any Committees deemed necessary to comply with any Act or for the effective and compliant conduct of Maryvale Private Hospital.
- b) Subject to these By-Laws and any Act, the CEO can determine the membership, powers, authorities and responsibilities that are delegated to a Committee and the administrative rules by which each Committee is to operate.

### **9.2 Terms of Reference for Committees**

Refer to the individual Terms of Reference for Committees.

### **9.3 Indemnification**

The Facility will indemnify the members of each Committee in respect of any actions or claims made provided the Committee members have:

- a) acted in good faith;
- b) acted in accordance with their delegated authority; and
- c) acted in accordance with any Act governing their conduct.

#### **9.4 Statutory immunity for Committees**

- a) Maryvale Private Hospital may in specific circumstances seek and be granted declarations under jurisdictional legislation in respect of a Committee at Maryvale Private Hospital where the Committee's emphasis is on the quality assurance or review of clinical practice or clinical competence. Such a declaration may, amongst other things, afford statutory immunity or qualified privilege or similar for members of that Committee in the course of carrying out specific aspects of the role and function of that Committee.

#### **9.5 Committee access to the Board**

The Maryvale Private Hospital Board will have a standing agenda item for Medical Credentialing Committees to discuss and escalate issues of a complex credentialing nature to the full Maryvale Private Hospital Board.

### **10.0 Disclosure of interest of members of committees**

Clause 10 (including subsections) should be read in conjunction with Maryvale Private Hospital's Conflict of Interest Policy and Constitution in respect of disclosure of interest.

#### **10.1 Disclosure of interest**

- a) A member of any Committee or person authorised to attend any committee meeting who has a direct or indirect pecuniary interest, a conflict or potential conflict of interest, or a direct or indirect material interest:
  - i. in a matter that has been considered, or is about to be considered, at a meeting, such a member or person must not, subject to By-Law 10.5, participate in the relevant discussion or resolution; or
  - ii. in a matter being considered or a decision being made by the Facility, and must as soon as possible after the relevant facts have come to the person's knowledge, disclose the nature of the interest at the meeting.

#### **10.2 Nature of disclosure**

- a) Disclosure by a person at a meeting that the person:
  - i. is a member, or is in the employment, of a specified company or other body;
  - ii. is a partner, or is in the employment, of a specified person;
  - iii. is a family relative or personal partner, of a specified person; or
  - iv. has some other specified interest relating to a specified company or other body or a specified person, will be deemed to be a sufficient disclosure of the nature of the interest in any matter or thing relating to that company or other body or to that person which may arise after the date of the disclosure.

#### **10.3 Chairperson to notify Chief Executive Officer**

The Chairperson of the relevant Committee will:

- a) notify the CEO of any disclosure made under this By-Law; and
- b) record the disclosure in the minutes of the relevant Committee.

#### **10.4 Record of disclosure**

The CEO must cause particulars of any disclosure notified under this By-Law to be recorded in the appropriate meeting minutes.

### **10.5 Determination to effect of matter disclosed**

The CEO (in consultation with the Chairperson of the Committee) will make a determination in relation to a disclosure under this By-Law. Such a determination may include (but is not limited to) making a determination that the member or person will not participate in the Committee meeting when the matter is being considered or that the member or person will not be present while the matter is being considered.

### **10.6 Matters that do not constitute direct or indirect material personal interest**

Subject to By-Law 10.2, the fact that a member of any Committee, is a member of a particular clinical discipline will not be regarded as a direct or indirect material personal interest, if that person participates in the Appointment process, the process to consider amendment of the Scope of Clinical Practice, or the suspension or termination of an Accredited Practitioner in the same discipline.

## **11.0 Clinical Review Committees**

### **11.1 Objectives**

Maryvale Private Hospital or its subsidiaries will have the following Committees (and any other Committees required by law or as deemed necessary by Maryvale Private Hospital:

- a) Accreditation and Credentialing Committee (howsoever named);
- b) Medical Advisory Committee (MAC)
- c) Patient Care Review Committee (PCR Committee)

The functions, expectations and Terms of Reference are held separate to these By-Laws and should be referenced in conjunction against subsections 11.1-11.3

### **11.2 Minutes and reporting**

- a) The chairperson, or their delegate for this purpose, must record minutes of the Formal Meetings of the PCR Committee.
- b) Minutes recorded at Formal Meetings must be distributed to the members of the Committee in a timely manner.
- c) All minutes and actions arising from the Formal Meetings are to be forwarded to the CEO, Board of Directors and the Medical Advisory Committee of the Facility.

### **11.3 Mandatory attendance**

- a) It is a Condition of Accreditation that if requested:
  - i. all Accredited Practitioners must attend and participate in at least one Formal Meeting of the PCR Committee and/or relevant Departmental meetings, howsoever named, annually; and
  - ii. where a specific case involving an Accredited Practitioner's patient has been listed for review, the Accredited Practitioner must attend the meeting and/or provide a written report.
- b) The CEO and/or Board may, on demonstration of extenuating circumstances, waive the Condition of Appointment in By-Law 11.3(a). Any condition in By-law 11.3(a) may only be waived where the CEO and/or Board has been provided with satisfactory explanation and evidence of the relevant extenuating circumstances and has waived the relevant Condition in By-law 11.3 (a) in writing.

## **12.0 Appointment of Accredited Practitioners**

### **12.1 Principles**

The following principles should be considered and guide the making of decisions in the

Credentialing and Accreditation process:

- a) Credentialing and Accreditation are organisational governance responsibilities that are conducted with the primary objective of maintaining and improving the safety and quality of health care services;
- b) Processes of Credentialing and Accreditation are complemented by registration requirements and individual professional responsibilities that protect the community;
- c) Effective processes of Credentialing and Accreditation benefit patients, communities, health care organisations and health care professionals;
- d) Credentialing and Accreditation are essential components of a broader system of organisational management of relationships with health care professionals;
- e) Credentialing and Accreditation and any reviews should be a non-punitive process, with the objective of maintaining and improving the safety and quality of health care services;
- f) Processes for Credentialing and Accreditation Privileges depend for their effectiveness on strong partnerships between health care organisations and professional colleges, associations and societies;
- g) Processes of Credentialing and Accreditation should be fair and transparent, with the By-Laws drafted to accommodate these principles; therefore compliance with the By-Laws and its processes is important.

### **12.2 Application Form**

- a) Any Medical Practitioner, Dental Practitioner or, Allied Health Professional who wishes to apply for Accreditation, Re-accreditation or an increase in Scope of Clinical Practice at Maryvale Private Hospital must obtain from the Hospital an Application Form (and any related material, including a copy of these By-Laws) and must complete and submit the Application Form to the CEO.

### **12.3 Applications for Appointment**

A duly completed Application Form will be considered in accordance with the following process:

- a) The CEO will consider the application in the context of the Organisational Need and Organisational Capabilities of the Facility and may make any inquiries or consultation relevant to that consideration as they think fit. Following this consideration, the CEO may determine to discontinue with the application process or give further consideration to the process as outlined at By-Law 12.3(b) – (n) below. The CEO may liaise with the Accreditation and Credentialing Committee in relation to this stage of enquiry
- b) The CEO (after receiving advice from the Accreditation and Credentialing Committee) may define particular additional categories and types of Scope of Clinical Practice or limit the Scope of Clinical Practice being considered, as the individual circumstances may require.
- c) The CEO (or their delegate) may contact up to three referees nominated by the Applicant, but for an application to proceed the CEO must receive no less than 2, to request written references and must also check the Applicant's qualifications, Professional Indemnity Insurance and Credentials (including verifying registration and current entitlement to

- practice). Referees must include a current supervisor at the facility or a supervisor not at the same facility but currently practicing in the same specialty as the potential appointee.
- d) The CEO (or their delegate) may obtain verbal references or verbal confirmation of written references. A verbal reference must be obtained by completing the appropriate template (Appendix 3) for verbal references and all fields must be completed, including the minimum data sets for written reference reports.
  - e) If a referee declines to provide a written reference, the CEO must record that fact. The CEO may contact the Applicant and request that the Applicant nominate another referee.
  - f) The CEO may ask for advice on the application from the head of the division(s) or department(s) of the Facility most relevant to the application (where applicable).
  - g) The CEO will liaise with the Accreditation and Credentialing Committee during the process of enquiry and review identified in (b) above to (i) below and prepare an application report which includes consideration of and recommendations relating to the application, Organisation Capabilities, Credentials, Scope of Clinical Practice, Current fitness, character and applicant integration (Application Report).
  - h) If the Application Report recommends granting Accreditation, the CEO must provide a copy of the Application Report to the MAC, and an assessment made by that Committee of the Application.
  - i) The MAC via the Accreditation and Credentialing Committee will make recommendations to the CEO as it deems appropriate relating to the Application generally and in particular regarding the Credentials, Current Fitness, requested Scope of Clinical Practice and any Conditions to the Accreditation
  - j) The MAC Recommendations will then be considered by the CEO prior to making a final determination as to the Accreditation sought by the applicant prior to forwarding to the Board for final ratification.
  - k) The Board will make a final determination on the application and will have complete discretion to approve or disapprove each application for Accreditation or Re-accreditation after following the provisions set out in By- Laws 12.3(a) to 12.3(l) (where applicable).
  - l) The CEO must notify each applicant in writing of their decision.
  - m) Any delineation of approved Scope of Clinical Practice for the Applicant must be specifically defined in the letter of Accreditation. Approval is granted by the CEO on behalf of the Board.
  - n) The term of the Accreditation must not exceed three (3) years from the date of approval or one (1) year in respect of Accredited Practitioners age being 70 years or above.
  - o) On receiving notice of Appointment, the applicant will indicate their acceptance in writing of the Facility By-Laws, rules, regulations and also Maryvale Private Hospital's Visions, Mission, Values and Care Statements.

#### **12.4 Temporary Appointment (including Locum Appointment)**

- a) The CEO may approve Temporary Appointments and may grant Accreditation to such temporarily appointed Medical Practitioners, Dental Practitioners or Allied Health Professionals.
- b) An individual seeking Temporary Appointment must submit an Application Form to the CEO along with all required supporting documentation.
- c) In considering whether to approve the Temporary Appointment of a Medical Practitioner, Dental Practitioner or Allied Health Professional, the CEO must satisfy the application process set out in By-Law 12.3 and consult with the head of the division or department most relevant to the applicant's specialty.

- d) Accreditation granted under this By-Law 12.4 will remain in force for a period of up to 90 days from the date of determination by the CEO. This period can be extended at the discretion of the CEO but the total period cannot exceed 12 months. Any extension must be approved in writing by the CEO.
- e) Provisional appointment may be granted by the CEO, after initial review of the complete application but only in circumstances where there is a genuine need to expedite the Accreditation to ensure provision of medical services for the benefit of identifiable patients and provided that the CEO continues the final Accreditation process set out in Rule 12.3 in a timely manner.
- f) The CEO will notify the Accredited Practitioner in writing.
- g) There will be no right of appeal in respect of the cancellation or suspension of Accreditation of a Medical Practitioner, Dental Practitioner or Allied Health Professional holding a Temporary Appointment or the decision of the CEO in relation to a Temporary Appointment application.

### **12.5 Urgent Accreditation**

- a) In accordance with this By-Law 12.5, the CEO or delegate may approve urgent Accreditation to Medical Practitioners, Dental Practitioners or Allied Health Professionals (Urgent Accreditation).
- b) In considering whether to approve an Urgent Accreditation, the CEO must at a minimum:
  - i. confirm registration with AHPRA or relevant Regulatory Authority and consider any antecedents identified, including conditions or complaints;
  - ii. obtain a verbal reference from one other Accredited Practitioner at the Facility or from a practitioner not at the same Facility but currently practicing in the same specialty as the potential appointee; or from the Director of Medical Services / Chief Medical Officer at the applicants place of current Accreditation;
  - iii. minimum 100 point verification of identity through inspection of relevant documents (e.g. birth certificate, passport, driver's license with photograph) as adopted by the Australian Government and identified in the 100 points of identification guide.
- c) An individual seeking or granted Urgent Accreditation must provide evidence of Professional Indemnity insurance within 24 hours of being granted Urgent Accreditation.
- d) Urgent Accreditation granted under this By-Law 12.5 applies only to the specific patient or episode of care for which the Accreditation is sought.
- e) The CEO will advise the Accredited Practitioner in writing of the completion of the Urgent Accreditation.
- f) Provision of Urgent Accreditation does not grant the Accredited Practitioner the right to Temporary Accreditation.
- g) There will be no right of appeal in respect of an application or cancellation of a Medical Practitioner's, Dental Practitioner's or an Allied Health Professional's Urgent Accreditation status.

### **12.6 Appointments made periodically**

- a) Unless otherwise determined by the CEO, Accreditation of Medical Practitioners, Dental Practitioners or Allied Health Professionals are to be made in accordance with the requirements of the Facility and a periodic cycle determined by the CEO and will be for a period of:
  - i. one (1) year;

- ii. two (2) years;
- iii. three (3) years;
- b) The period will be determined by the CEO and shall commence from the date the CEO approves the Accreditation.
- c) Where Accreditation is granted and it coincides with the commencement of any periodic cycle referred to in By-Law 12.6(a), the Accreditation will be for the specified period. Where Accreditation is granted after a periodic cycle has commenced, Accreditation will be for the unexpired portion of that specified period.
- d) The periods of up to one year, two years, or three years for the purpose of these By-Laws will begin and conclude in accordance with the sequence customary at the Facility.

### **12.7 Appointments of Directorships**

- a) Appointments of Directorships including a Medical Director and/or Director of Psychiatry and or any other directorships are appointed at the discretion of the CEO.
- b) Appointments of Directorships can change at any time and are rotational with a maximum duration of three (3) years.
- c) The CEO has complete authority to withdraw an appointed Directorship within the three (3) year tenure or at anytime. There will be no appeal against such a decision.
- d) All appointment of Directorships shall be conducted in consultation with the Board prior to formal ratification.

### **12.8 Basis of Accreditation**

Accreditation does not of itself constitute an employment contract nor does it establish a contractual relationship between the Accredited Practitioner and the Facility or a right of access to the Facility or use of its facilities. It is a condition of accepting Accreditation, and of ongoing Accreditation, that the Accredited Practitioner understands and agrees that:

- a) these By-Laws set out processes and procedures available to the Accredited Practitioner with respect to all matters relating to and impacting upon Accreditation;
- b) no additional procedural fairness or natural justice principles will be incorporated or implied, other than processes and procedures that have been explicitly set out in these By-Laws; the granting of Accreditation establishes only that the Accredited Practitioner is a person able to provide services at the Facility, as well as the obligations and expectations with respect to the Accredited Practitioner while providing services at the Facility for the period of Accreditation;
- c) the granting of Accreditation creates no rights or legitimate expectation with respect to access to the Hospital or its resources or facilities;
- d) acknowledge the granting of accreditation does not create an employer/employee contractual arrangement giving rise to appeal rights;
- e) while Maryvale Private Hospital will generally conduct itself in accordance with the By-Laws, it is not bound to do so and there are no legal consequences for not doing so.

## **13.0 Terms and Conditions of Accreditation**

### **13.1 Conditions applicable to all Accredited Practitioners**

Approval of Accreditation for a Medical Practitioner, Dental Practitioner or Allied Health Professional is conditional on the Accredited Practitioner complying with all matters and Conditions set out in this By-Law 13.



### **13.2 General**

Accredited Practitioners must:

- a) comply with their authorised Scope of Clinical Practice;
- b) comply with the Code of Conduct and any other reasonable directions given or policies adopted by the CEO in relation to standards of behavior to be maintained by Accredited Practitioners;
- c) comply with the provisions of the Act, all applicable legislation and general law;
- d) comply with their responsibilities under the National Law in regard to mandatory notification of Notifiable Conduct by another practitioner or a student undertaking clinical training where the Accredited Practitioner has formed a reasonable belief that a health practitioner has behaved in a way that constitutes Notifiable Conduct in relation to the practice of their profession or suffers from an impairment that may place the public at substantial risk of harm.
- e) comply with these By-Laws and the rules and policies and procedures of the Hospital as modified from time to time;
- f) maintain their professional registration with AHPRA (and/or other relevant Regulatory Authority) and furnish annually to the Facility when requested to do so, evidence of registration and advise the CEO immediately of any material changes to the conditions or status of their professional registration (including suspension or termination);
- g) attend patients subject to the limits of any Conditions imposed by the CEO; if theatre sessions have been requested by the Accredited Practitioner and allocated, then the Accredited Practitioner must effectively utilise the theatre sessions;
- h) observe all requests made by the Facility with regard to their conduct in the Facility and with regard to the provision of services within the Facility;
- i) adhere to the generally accepted ethics of medical, dental practice, allied health practice and other health practitioners practice including the ethical codes and codes of good medical practice of the Medical Board of Australia, the Australian Dental Association, Allied Health Professions Australia and other applicable health practitioners associations, as applicable, and all relevant standards or guides issued by the Medical and Dental Boards of Australia as issued from time to time in relation to their colleagues, Maryvale Private Hospital employees and patients and the "Good Medical Practice: A Code of Conduct for Doctors in Australia" published by the Medical Board of Australia.
- j) adhere to general Conditions of clinical practice applicable at the Facility, including compliance with and assisting the Facility to comply with the National Safety and Quality Health Service Standards 2011 accreditation requirements through a reputable accreditation agency or such other additional accreditation requirements as nominated by Maryvale Private Hospital as well as assisting the Hospital to comply with specific requirements of private health insurers as may be advised by the CEO from time to time during the period of Accreditation;
- k) observe the rules and practices of the Facility in relation to the admission, discharge and accommodation of patients;
- l) attend and, when reasonably required by the CEO, prepare for and participate in relevant clinical meetings, seminars, lectures and other teaching/training programs organised by the Facility or provide evidence of attendance of these at alternative venues;
- m) participate, when requested by the CEO, in Committee meetings, including review of clinical data and outcomes and respond to requests for information regarding statistical outliers,



adverse events and cases flagged in incidents, clinical indicator or key performance indicator reporting;

- n) participate in formal on-call arrangements as required by Maryvale Private Hospital;
- o) seek relevant approvals from the CEO and relevant Committee and, where applicable, the relevant research and ethics Committee in regard to any research, experimental or innovative treatments, including any New Clinical Services, Procedures or Other Inventions (see By-Laws 23 and 24);
- p) not aid or facilitate the provision of medical, dental or other health care to patients at the Maryvale Private Hospital by Medical Practitioners, Dental Practitioners or Allied Health Professionals who are not Accredited Practitioners;
- q) not purport to represent Maryvale Private Hospital or its subsidiaries in any circumstances, including the use of the letterhead of the Hospital, unless with the express written permission of the CEO and/or the Board;
- r) subject to the requirement of relevant laws, keep confidential details of all information which comes to their knowledge concerning patients, clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services;
- s) co-operate with and participate in any clinical quality assurance, quality improvement or risk management process, project or activities as required by the Facility and these By-Laws, including assisting in and providing information with respect to adverse events and, system reviews, including but not limited to Root Cause Analysis (RCA); and
- t) where reasonable to do so, participate in open disclosure discussions with patients and families of patients and ensure regular follow up with patients following procedures and/or completion of services to ensure the best possible patient outcome and experience.

### **13.3 Responsibility for patients**

Accredited Practitioners must:

- a) obtain full and informed written patient consent prior to a procedure being performed that includes advising the patient that a Surgical Assistant may be present;
- b) not admit a patient to Maryvale Private Hospital unless a suitable or appropriate bed is available to accommodate that patient;
- c) admit to the Maryvale Private Hospital only those patients who, in the opinion of the CEO, can be properly managed in the Facility, including in accordance with the approved clinical services capability attached to Hospital's license (the CEO may notify Accredited Practitioners from time to time of any categories of patients who are considered inappropriate for admission to Maryvale Private Hospital);
- d) observe the rules and requirements applicable in the Facility with respect to the admission of patients;
- e) accept full responsibility for their patients from admission until discharge, or until the care of the patient is transferred to another Accredited Practitioner;
- f) must be available for contact at all times when that Accredited Practitioner has a patient admitted to the Hospital, or must nominate another Accredited Practitioner with equivalent Accreditation to continue the care of their patient during their absence (such nomination to be notified to the Hospital in writing);
- g) attend upon patients in a timely manner, using their best endeavours to attend promptly after being requested to do so, or being available by telephone in a timely manner to assist Facility staff in relation to Accredited Practitioners' patients;

- h) work with and as part of the multi-disciplinary health care team, including effective communication – written and verbal, to ensure the best possible care and outcome for Accredited Practitioners' patients, including post treatment follow up care and communication;
- i) provide adequate instructions to Facility staff and other Accredited Practitioners to enable them to understand what care the Accredited Practitioner requires to be delivered to their patients and appropriately supervising the care that is provided by the Facility staff and other Accredited Practitioners;
- j) note the details of a transfer of care to another Accredited Practitioner on the patient's medical record and communicating the transfer to the Nurse Unit Manager or other responsible nurse staff member;
- k) attend their patients properly, and with the utmost care and attention, after taking into account the requirements of the Facility and Scope of Clinical Practice granted to the Accredited Practitioner;
- l) visit patients with reasonable frequency having regard to each patient's clinical condition and needs;
- m) upon request by staff of the Facility, attend to patients under their care for the purposes of the proper care and treatment of those patients;
- n) except in an emergency, not give instructions in relation to a patient where another Accredited Practitioner is responsible for the management of that patient without a formal request for consultation from the consulting clinical team;
- o) carry out procedures, give advice and recommend treatment within the generally accepted areas of practice applicable to the Accreditation Classification of the Accredited Practitioner and to their Accreditation;
- p) be willing, in an emergency or on request by the CEO (or another person authorised by the CEO for this purpose) to assist the staff and other practitioners, where possible and necessary;
- q) comply with all infection control procedures of the Facility including appropriate hand hygiene;
- r) take into account the policies of the Hospital when exercising judgement regarding the length of stay of patients at the Facility and the need for ongoing hospitalisation of patients; and
- s) not treat a member of their immediate family or anyone with whom they have a close personal relationship without the written approval of the CEO (which may be given or withheld at the CEO's absolute discretion).

#### **13.4 Professional Indemnity Insurance**

Accredited Practitioners must maintain a level of professional indemnity insurance (including run off/tail insurance where appropriate) consistent with requirements of the relevant Regulatory Authority:

- a) which covers all potential liability of the Accredited Practitioner in respect of the Facility and patients;
- b) which appropriately reflects and covers the Accredited Practitioner's Scope of Clinical Practice and activities performed at the Facility; and
- c) that is on terms and conditions acceptable to the Facility.

### **13.5 Annual disclosure**

Accredited Practitioners must furnish annually to Maryvale Private Hospital evidence of:

- a) appropriate Professional Indemnity Insurance including the level of cover and any
- b) material changes to cover that occurred during the previous twelve months;
- c) medical/dental/allied health and other health practitioner registration (as applicable);
- d) continuous registration with the relevant specialist college or professional body; and
- e) compliance with the annual mandatory continuing education requirements of their specialist college or professional body.

### **13.6 Continuous disclosure**

Each Accredited Practitioner must keep the CEO continuously informed of matters which have a material bearing upon their Credentials and Scope of Clinical Practice, including;

- a) ability to deliver health care services to patients safely and in accordance with their authorised Scope of Clinical Practice;
- b) any adverse outcomes, complications or complaints in relation to the Accredited
- c) Practitioner's patient or patients (current or former) of the Facility;
- d) Professional Indemnity Insurance status;
- e) registration with the relevant professional registration board, including any Conditions or limitations placed on such registration; and compliance with all relevant laws and any codes, policies, methods of best practice, directions or notices made or issued by a Regulatory Authority.

### **13.7 Advice of material issues**

Without limiting By-Law 13.6, Accredited Practitioners must advise the CEO in writing as soon as possible but at least within two (2) days if any of the following matters occur and come to the attention of the Accredited Practitioner:

- a) an adverse finding (formal or informal, current or former) made against him or her by any registration, disciplinary, investigative or professional body;
- b) their professional registration being revoked, suspended or amended (including the imposition of any Conditions);
- c) the initiation of any process, inquiry or investigation by the relevant board or coroner or tribunal (or equivalent body in any other jurisdiction, as applicable) or a health care complaints body (howsoever described) involving the Accredited Practitioner or the initiation of a legal process relevant to the medical practice which impacts or arises from their practice of medicine or provision of health care services;
- d) any change in their Professional Indemnity Insurance, including but not limited to the attaching of Conditions, non-renewal or cancellation;
- e) their Appointment to Accreditation or Scope of Clinical Practice at any other facility, hospital or day procedure centre is altered in any way other than at the request of the Accredited Practitioner;
- f) they incurs an illness or disability which may adversely affect their Current Fitness;
- g) any claim, or any circumstance which may give rise to a claim, in respect of the management of a patient of that Accredited Practitioner at Maryvale Private Hospital (including all relevant details); or

- h) they being charged with, or convicted of, any indictable offence or under any laws that regulate the provision of health care services or health insurance.

### **13.8 Medical records**

Accredited Practitioners must:

- a) maintain full, accurate, legible and contemporaneous medical records for each patient under their care or ensure that such adequate clinical records are maintained in the patient's Facility medical record:
- b) in compliance with the Act and any applicable codes or guidelines published by AHPRA;
- c) such that, in an emergency, another suitably qualified Accredited Practitioner can expeditiously take over the care of the patient;
- d) in a way which enables the Hospital to collect revenue in a timely manner and any other data reasonably required in respect of a Hospital, including as a minimum:
  - i. pre-admission notes or a letter on the patient's condition and plan of management, including notifying the Hospital of significant co-morbidities;
  - ii. full and informed written patient consent;
  - iii. completing admission forms authorised by the Facility within 24 hours of admission;
  - iv. recording an appropriate patient history, reason for admission, physical examination, diagnosis or provisional diagnosis, and treatment plan before treatment is undertaken, unless involving an emergency situation;
  - v. therapeutic orders;
  - vi. particulars of all procedures, including pathology and radiology reports;
  - vii. observations of the patient's progress;
  - viii. notes of any special problems or complications;
  - ix. discharge notes, completed discharge summary and documentation of requirements and arrangements for follow-up; and
  - x. each attendance upon the patient with the entries dated, timed, signed and specifying the designation of the practitioner.
- e) complete an operation report that shall include a detailed account of the findings at surgery, the surgical technique undertaken, complications and post-operative orders, and the full name of any Surgical Assistant, anaesthetist and other Medical Practitioner present;
- f) operation reports shall be written or dictated as soon as is practicable and the report signed by the attending Accredited Practitioner and made part of the patient's medical record;
- g) ensure the provision of CMBS Item Numbers and prompt notification to the Facility of any subsequent change or addition to the Item Numbers;
- h) where orders are given by telephone to a registered nurse (who will read back those orders to the Accredited Practitioner for confirmation), enter those orders in the medical record within twenty-four hours;
- i) complying with all legal requirements and standards in relation to the prescription, administration, discard and safeguarding of medication, and properly documenting all drug orders correctly and legibly in the Hospital's medication chart of the patient's Hospital medical record (including any process required for the use of off-label medication);
- j) ensure that the medical records maintained by that Accredited Practitioner are sufficient for the review of patient care;
- k) take all reasonable steps to ensure that, following the discharge of each patient, the Hospital's medical record is completed within a reasonable time after the patient's discharge; and

- i) acknowledge and agree that medical records of patients of the Hospital are owned by Maryvale Private Hospital.

### **13.9 Continuing education**

Accredited Practitioners must:

- a) by involvement in continuing education, keep informed of current practices and trends in the Accredited Practitioner's area of practice, by regularly attending and participating in clinical meetings, seminars, lectures and other educational programs on the Facility campus and elsewhere, to maintain and improve their knowledge and to maintain and increase their skills;
- b) meet all reasonable requests to participate in the education and training of other clinical staff of the Facility, the effect of which is to raise the level of competence of staff in general and improving patient care and relations between Accredited Practitioners and other staff; and
- c) co-operate and participate in appropriate quality improvement activities, including satisfying the mandatory attendance and participation requirements of By-Law 11.3(a).

### **13.10 Clinical activity**

Accredited Practitioners must maintain a sufficient level of clinical activity in the Facility to enable the CEO, acting reasonably, to be satisfied that:

- a) the Accredited Practitioner's knowledge and skills are current;
- b) the Accredited Practitioner is familiar with the operational policy, procedures and practices of the Facility; and
- c) the Accredited Practitioner is able to contribute actively and meaningfully to the division or department relevant to their Scope of Clinical Practice and to the Committee

### **13.11 Participation in Committees**

- a) Accredited Practitioners must participate in the Departmental meetings howsoever named, in accordance with By-Law 11.3(a) unless otherwise excused under By-Law 11.3(b).
- b) in addition to the requirement under By-Law 13.11(a), Accredited Practitioners must meet all reasonable requests to participate in, and contribute actively to, Committees established to co-ordinate and direct the various functions of the Facility.
- c) Without limiting By-Law 13.11(a), the CEO may require any Accredited Practitioner to nominate him or herself to act as a member of a Committee. Before doing so, the CEO must have regard to:
  - i. the Accredited Practitioner's current, or recent historical contribution to Committee or Committees at Maryvale Private Hospital (absolutely and relative to the Accredited Practitioner's peers);
  - ii. the Accredited Practitioner's clinical activity in the Facility (absolutely and relative to the Accredited Practitioner's peers); and
  - iii. any extenuating circumstances which the CEO considers may reasonably preclude the Accredited Practitioner from acting as a member of a particular Committee (for example, extraordinary responsibilities as a carer or extraordinary voluntary commitments to the medical or general communities).

### **13.12 Emergency/disaster planning**

Accredited Practitioners must:

- a) be aware of their role in relation to emergency and disaster planning;
- b) be familiar with Maryvale Private Hospital's safety and security policies and procedures; and
- c) participate in emergency drills and exercises which may be conducted at the Hospital.

### **13.13 Working with children checks/criminal record checks**

- a) The Appointment of Accredited Practitioners is conditional on the person satisfactorily completing any forms that Maryvale Private Hospital or its subsidiaries may require for the purpose of fulfilling Maryvale Private Hospital's obligations under applicable child protection legislation.
- b) The Accredited Practitioner must undertake to Maryvale Private Hospital that they is not a Prohibited Person, and:
  - i. has never, to the Accredited Practitioner's knowledge, been included on any list of persons not to be employed or engaged in a child related area of activity;
  - ii. has not retired or resigned from, or had any previous employment or engagement terminated on the grounds that the Accredited Practitioner engaged in Reportable Conduct;
  - iii. has never been charged with or been the subject of an investigation as to whether they engaged in any Reportable Conduct; and
  - iv. will not engage in Reportable Conduct;
- c) The Accredited Practitioner must inform Maryvale Private Hospital immediately if they is unable to give the undertakings set out in By-Law 13.13(b).
- d) Accredited Practitioners must provide authority to the Facility to conduct a criminal history check with the appropriate authorities in any jurisdiction at any time.

### **13.14 Teaching and supervision**

Unless otherwise determined by the CEO, Accredited Practitioners must participate in the education, training and supervision of students, junior medical officers and other accredited health practitioners as required from time to time, attending Maryvale Private Hospital including facilitating the availability of patients for clinical teaching subject to:

- a) any contrary instructions by either the treating practitioner, or the nurse unit manager (or other designated manager at the Hospital); and
- b) consent being given by the patient.

### **13.15 Notifiable Conduct and mandatory reporting**

All Accredited Practitioners must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory.

- a) Maryvale Private Hospital recognises that national clinical guidelines and standards developed collaboratively by organisations such as:
  - i. Australian Commission on Safety and Quality in Health Care;
  - ii. National Health and Medical Research Organisation;
  - iii. National Institute of Clinical Studies;

- iv. Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIPS);
- v. recognised authorities in evidence based medicine, such as the Cochrane Collaboration;
- vi. specialist training colleges and organisation accredited by the Australian Medical Council;
- vii. the clinical professional organisations and societies; and
- viii. various peak clinical non-government organisations (such as the National Heart Foundation, Diabetes Australia, National Stroke Foundation, Australian Kidney Health, Asthma Foundation, Cancer Foundation)

represent the current clinical 'best practice' for many areas of medicine, and should whenever possible and practicable, be consulted for guidance to support informed clinical decision-making and the development of pathways of care that yield optimal clinical outcomes. While all clinical decisions are, ultimately, the prerogative of the treating Accredited Practitioner, Maryvale Private Hospital expects the use of evidence-based clinical guidelines and medicine unless the particular clinical circumstances of a patient requires otherwise and Maryvale Private Hospital may initiate a review pursuant to By-Law 17 and take formal action with respect to Accreditation and Scope of Clinical Practice if the care provided to one or more patients, including post care follow-up, is below the expected standard of care.

#### **13.16 Notice of leave**

- a) Where Accreditation has been granted in respect of the Facility, an Accredited Practitioner must use their best endeavours to notify the CEO in writing, at least four weeks in advance of planned leave and make appropriate arrangements for another Accredited Practitioner to take over the care and treatment of his/her patients during the Accredited Practitioner's absence.

### **14.0 Surgical Assistants**

#### **14.1 Use of Surgical Assistants**

- a) Accredited Practitioners must utilise as Surgical Assistants only those Surgical Assistants whose Credentials have been verified and approved and who have been accredited by the CEO in accordance with these By-Laws.
- b) Accredited Practitioners are responsible for directly supervising and for the conduct of Surgical Assistants whilst performing procedures in the Hospital, and must not delegate performance of substantive aspects of the procedure to Surgical Assistants.

#### **14.2 Accreditation**

- a) The CEO may grant Accreditation to a Surgical Assistant after reviewing a completed Application Form and having satisfied him or herself as to the Credentials, judgement, Current Fitness and character of the Surgical Assistant.
- b) The CEO may require the Surgical Assistant to attend an interview and/or nominate referees who can attest to those matters on which the CEO must be satisfied under By-Law 14.2a).
- c) The CEO will not grant temporary Surgical Assistant privileges at short notice (presenting on the particular day to assist) unless the CEO is satisfied under By-Laws 14.2a).



#### **14.3 Term of Appointment**

- a) All Appointments made pursuant to this By-Law 14 will be made for periods determined by the CEO, must not exceed three (3) years from the date of approval or one (1) year in respect of Accredited Practitioners age being 70 years or above.

#### **14.4 Appointments discretionary**

- a) All Appointments made pursuant to this By-Law 14 are discretionary. The CEO may cancel or suspend the Accreditation of a Surgical Assistant at any time.

#### **14.5 Terms and conditions**

All Surgical Assistants granted Accreditation under this By-Law 14 will:

- a) Comply with the requirements and Conditions for Accreditation as set out in these By-Laws, to the fullest extent applicable to the Surgical Assistant; and
- b) Agree to the requirements and undertakings set out in By-Law 13.13 and
- c) Limit performance of duties to providing assistance to the Accredited Practitioner performing the procedure and must not perform substantive aspects of the procedure, subject to an exception that in cases of emergency all reasonable and appropriate measures may be required in the best interests of the patient.

#### **14.6 No admitting or patient management rights**

No Surgical Assistant granted Accreditation under this By-Law 14 will be entitled to admit patients into the Facility or make decisions regarding their ongoing clinical management.

#### **14.7 Amending Scope of Clinical Practice**

No Surgical Assistant granted Accreditation under this By-Law 11 will be entitled to amend their Scope of Clinical Practice.

#### **14.8 Appeal**

No right of appeal will exist in respect of an application for Accreditation of a Surgical Assistant or the termination of the Accreditation of a Surgical Assistant.

#### **14.9 Indemnity**

In the event that a Surgical Assistant is Accredited by the CEO pursuant to this By-Law 14 at the nomination of an Accredited Practitioner, the Accredited Practitioner shall bear all liability in relation to any act or omission of the Accredited Surgical Assistant while on or in the Hospital and the Accredited Practitioner shall ensure that his/her professional liability insurance covers any claim, loss or damage suffered or incurred as a direct result of the Accredited Surgical Assistants act or omission while working or present at or in Maryvale Private Hospital and shall ensure that the Accredited Surgical Assistant is covered by Worker Compensation Insurance. The Accredited Practitioner will, if requested by the CEO, sign a release and indemnity deed in a form substantially the same as this By-Law prior to the Accredited Surgical Assistant being permitted access to the Facility.



## **15.0 Reaccreditation and practitioner requests to amend scope of practice**

### **15.1 Notice to Accredited Practitioner**

Not less than three months before the date fixed for expiry of the Accreditation of an Accredited Practitioner, the CEO must notify the Accredited Practitioner of the pending expiry of their Accreditation and the processes for applying for Re- accreditation and review of their Scope of Clinical Practice.

### **15.2 Apply for Re-accreditation**

An Accredited Practitioner must apply for Re-accreditation before the expiration of the term of Accreditation in order to maintain Accreditation with Maryvale Private Hospital.

### **15.3 Amendments**

An Accredited Practitioner may make an application to the CEO for amendment of their Scope of Clinical Practice:

- a) at the same time as making an application for Re-accreditation; or
- b) at any other time.

### **15.4 Process**

- a) The CEO will forward applications for Re-accreditation and/or amendments to Scope of Clinical Practice, together with all other relevant information, to the Accreditation and Credentialing Committee for review and consideration.
- b) Subject to Maryvale Private Hospital's policy, the processes for Reaccreditation and/or amending the Scope of Clinical Practice of Accredited Practitioners under this By-Law 15 will:
  - i. include an assessment and review of the Accredited Practitioner's performance, Current Fitness, Credentials, character and ability to cooperate with management and staff at Maryvale Private Hospital; and
  - ii. be otherwise the same as for an initial Accreditation, save that By-Law 21.1 will not apply to Re-accreditation or amendments to Scope of Clinical Practice.

### **15.5 Review**

All Accredited Practitioners will be subject to the processes of Re-accreditation and review of their Scope of Clinical Practice in accordance with the appointments cycle.

## **16.0 Investigations of Concerns, Allegations or Complaints**

### **16.1 Chief Executive Officer may make investigations**

The CEO may make inquiries regarding a concern raised, allegation or complaint against an Accredited Practitioner if the CEO considers that it warrants making such an inquiry, including in circumstances where the concern raised, or allegation or complaint made has or may result in:

- a) patient health or safety could be compromised;
- b) the efficient operation of the Hospital being threatened or interrupted;
- c) the reputation of Maryvale Private Hospital, its subsidiaries or Latrobe Health Services could be threatened;
- d) the potential loss of the Hospital's accreditation or licence;
- e) the imposition of any conditions on the Hospital's licence;

- f) the interests of a patient or someone engaged in or at the Hospital could be affected adversely;
- g) a law has been, or may be, contravened;
- h) a breach of the Hospital's values and/or code of conduct; or
- i) staff welfare or safety could be compromised.

#### **16.2 Notice to Accredited Practitioners and procedural matters**

- a) The CEO will advise the Accredited Practitioner in respect of whom the concern, allegation or complaint has been made and the substance of the concern, allegation or complaint and provide the Accredited Practitioner with an opportunity to respond.
- b) The CEO will decide on all procedural matters relevant to advising the Accredited Practitioner under By-Law 16.2(a), which may include a determination on:
  - i. how the concern or issue in respect of the Accredited Practitioner will be dealt with under these By-Laws;
  - ii. a requirement for a witness to be present at the time the Accredited Practitioner is advised and the designation of that witness. For example a senior manager at the Hospital or the chairperson of a Committee where a Committee has been involved in the concern or issue to be raised with the Accredited Practitioner;
  - iii. the extent and nature of any relevant records or documents to be provided or produced in connection with the concern or issue; and
  - iv. any appropriate time frames and format of response by the Accredited Practitioner.
- c) The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 16. The support person is not to participate in the process. Should the support person be a lawyer, that same person must not act as a legal representative for the Accredited Practitioner.

#### **16.3 Review by Facility Chief Executive Officer**

If, having considered the Accredited Practitioner's response (if any), then:

- a) the CEO may decide to take no further action;
- b) if in the opinion of the CEO the matter can be dealt with appropriately by reviewing the Accredited Practitioner's Scope of Clinical Practice, the CEO must request a review of the Accredited Practitioner's Scope of Clinical Practice in accordance with By-Law 17;
- c) if in the opinion of the CEO the matter cannot be dealt with appropriately by a review of the Accredited Practitioner's Scope of Clinical Practice, the CEO in consultation with the chairperson of the MAC may establish a Committee to consider the matter further; and the CEO may impose an interim suspension or conditions on the Accreditation of the Accredited Practitioner until such time as the CEO is satisfied that the concern, allegation or complaint has been resolved or until the outcome of a review in accordance with By-Law 17 or a decision with respect to appropriate action arising from consultation in accordance with By-Law 16.3(c).
- d) There will be no right of appeal with respect to the imposition of an interim suspension or conditions.
- e) The terms of reference, process, and reviewers will be determined by the CEO.

#### **16.4 Committee to assess issue of concern**

A Committee (either the MAC or sub-committee thereof) to assist the CEO established under By-Law 16.3(c):

- a) must ensure the Accredited Practitioner has been advised in writing of the particulars of the allegation and invite the Accredited Practitioner to respond;
- b) may invite the Accredited Practitioner to meet with the relevant Committee in person; and must provide the CEO with its written conclusions and/or opinions within 14 days and supported by reasons.

#### **16.5 Notifiable Conduct and mandatory reporting in relation to any investigation**

- a) The CEO must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory.
- b) The CEO must advise the Board Chair of any mandatory reporting made under By-Law 16.5(a).
- c) The Accredited Practitioner must notify other facilities where they hold accreditation of the notification.

### **17.0 Review of scope of clinical practice in light of investigations of concerns, allegations or complaints**

#### **17.1 Surveillance of AHPRA registration database**

The CEO will conduct periodic and active surveillance of the AHPRA registration database to ensure currency of registration and accuracy of any Conditions imposed.

#### **17.2 Facility Chief Executive Officer initiated internal review**

The CEO may, at any time, direct the Accreditation and Credentialing Committee or other appropriate individuals as determined by the CEO to conduct an internal review of the Accreditation previously granted to an Accredited Practitioner including an assessment if necessary of Current Fitness and Credentials of the Accredited Practitioner and following such review, the Accreditation and Credentialing Committee will make a recommendation to the CEO, through the MAC concerning the continuation, amendment, suspension or revocation of Accreditation. The CEO will make a final determination in relation to the matter, subject to the provisions of By-Law 22.2.

#### **17.3 Facility Chief Executive Officer initiated external review**

The CEO may, at any time, consult with the Chair of the Accreditation and Credentialing Committee in relation to an independent review of the Accreditation previously granted to an Accredited Practitioner including an assessment if necessary of Current Fitness and Credentials of the Accredited Practitioner and following such review, a recommendation to the MAC must be made concerning the continuation, amendment, suspension or evocation of Accreditation. Such a review process will result in a recommendation to the CEO who will make a final determination in relation to the matter, subject to the provisions of By-Law 22.2.

#### **17.4 Notice to Accredited Practitioners**

- a) The CEO will advise the Accredited Practitioner in respect of whom a review is being conducted under either By-Law 17.2 or 17.3 of the commencement and substance of the review and the extent to which the Accredited Practitioner may participate in the review and that the Accredited Practitioner will be provided with an opportunity to respond during the review.
- b) The CEO will decide on all procedural matters relevant to advising the Accredited Practitioner under By-Law 17.4(a) which may include a determination on:

- i. how the review in respect of the Accredited Practitioners will be dealt with under these By-Laws;
  - ii. a requirement for a witness to be present at the time the Accredited Practitioner is advised and the designation of that witness;
  - iii. the extent and nature of any relevant records or documents to be provided or produced in connection with the review; and
  - iv. any appropriate timeframes and format of response by the Accredited Practitioner.
- c) The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 17. The support person is not to participate in the process. Should the support person be a lawyer that same person must not act as a legal representative for the Accredited Practitioner.
- d) The CEO must advise the Board Chair that the review is being undertaken under either By-Law 17.2 or 17.3.

#### **17.5 Action the Facility Chief Executive Officer may take following review**

Following a review under By-Law 17.2 or 17.3 the CEO may direct that the Accredited Practitioner:

- a) cease performing surgical, anaesthetic, medical or dental procedures or perform only defined procedures;
- b) perform surgical, anaesthetic, medical or dental procedures only when assisted by another Accredited Practitioner qualified in the same field of practice;
- c) practise a restricted range of medical, surgical, anaesthetic or dental procedures; or
- d) not admit or manage patients unless in consultation with another Accredited Practitioner qualified in the same field of practice, or may apply additional Conditions to the Accredited Practitioner's Accreditation or suspend or cancel the Accredited Practitioner's Accreditation in accordance with the relevant By-Laws herein.

#### **17.6 14.6 Notice of outcome of the review**

- a) The CEO must give written notice to the Accredited Practitioner where the CEO wishes to exercise their rights under this By-Law 17.
- b) The CEO must notify the Board Chair of the outcome of any review undertaken under By-Law 17.

#### **17.7 Notifiable Conduct and mandatory reporting in relation to review of scope of clinical practice**

- a) The CEO must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, (including in relation to any mandatory reporting obligations in relation to actions taken by the CEO following a review under By-law 17, as enforced in each State and Territory.
- b) The CEO must advise the Board Chair of any mandatory reporting made under By-Law 17 (including in relation to any action taken in relation to the Accreditation of an Accredited Practitioner under By-law 17.5).

#### **17.8 Not Contingent**

The CEO's right to proceed with review(s) in accordance with this By-Law 17 is not contingent on the CEO having first carried out any review in accordance with By-Law 16.

## **18.0 Suspension**

### **18.1 Suspension of Accredited Practitioners by Facility Chief Executive Officer**

The CEO may, and without having regard to By-Law 17, and where considered reasonable and appropriate in the circumstances following consultation with the MAC (and/or such other persons as the CEO considers appropriate) and the Board Chair, based on the information available to the CEO at that time:

- a) suspend all or any portion of an Accredited Practitioner's Accreditation, including the privilege to use the operating theatre ; or
- b) impose Conditions on the Accreditation of an Accredited Practitioner, whenever the CEO considers:
  - i. it is in the interests of patient care and safety in the Hospital;
  - ii. it is in the interests of staff welfare or safety or workplace health and safety;
  - iii. the behaviour or conduct of the Accredited Practitioner is such that it is unduly hindering the efficient operation of the Hospital at any time;
- c) the Accredited Practitioner has breached any Conditions of Accreditation, including Conditions imposed by these By-Laws;
- d) the behaviour or conduct of the Accredited Practitioner is bringing the Facility into disrepute or otherwise damaging the reputation of the Hospital;
- e) the behaviour or conduct of the Accredited Practitioner is inconsistent with either the Code of Conduct or the Facility's mission or values statements;
- f) the Accredited Practitioner has not provided satisfactory evidence on demand of their professional qualifications, current registration as a Medical Practitioner or Dental Practitioner or sufficient and current Professional Indemnity Insurance;
- g) the practitioner has been found to have made a false declaration to the Hospital either through omission of important information or inclusion of false information; or
- h) serious and unresolved allegations have been made in relation to the Accredited Practitioner (This may be related to a patient or patients of another facility not operated by the Hospital, including if these are the subject of review by an external agency including a registration board, disciplinary body, Coroner, complaints commission or another health service);
- i) the Accredited Practitioner has failed to observe any of the terms and conditions of Accreditation;
- j) the behaviour or conduct is inconsistent with a policy, procedure, direction or code of conduct in relation to the expected standard of behaviour or conduct at the Hospital;
- k) the Accredited Practitioner fails to make the notifications required to be given pursuant to these By-laws or based upon the information contained in a notification suspension is considered appropriate;
- l) the Accreditation, has been suspended, cancelled, restricted or made conditional by another health care organisation;
- m) the Accredited Practitioner is the subject of a criminal investigation about a serious matter (for example a drug related matter, or an allegation of a crime against a person such as a sex or violence offence) which, if established, could affect their ability to exercise their Clinical Privileges safely and competently and with the confidence of the Hospital and the broader community;
- n) the Accredited Practitioner has been convicted of a crime which could affect their ability to exercise their Clinical Privileges safely and competently and with the confidence of the Hospital and the broader community;

- o) based upon a finalised Internal Review or External Review pursuant to these By-laws any of the above criteria for suspension are considered to apply;
- p) an Internal Review or External Review has been initiated pursuant to these By-laws and the CEO considers that an interim suspension is appropriate pending the outcome of the review; or
- q) there are other unresolved issues or concerns in respect of the Accredited Practitioner that the CEO considers is a ground for suspension.

### **18.2 Notification of suspension decision and reasons**

The CEO must:

- a) notify the Accredited Practitioner of the decision to suspend and conditions and timeframes which will apply to reinstatement and must give reasons; and
- b) invite a written response from the Accredited Practitioner within a timely manner of the CEO's notification.
- c) The Accredited Practitioner will be afforded the opportunity to be accompanied by a support person in the handling of any procedural matters pursuant to this By-Law 18. The support person is not to participate in the process. Should the support person be a lawyer that same person must not act as a legal representative for the Accredited Practitioner.

### **18.3 Suspension effective immediately and right to claim**

Suspension will become effective immediately upon notification to the Accredited Practitioner and it is a condition of Accreditation that the Accredited Practitioner acknowledges and agrees that suspension of his/her Accreditation shall not, in any circumstances, give rise to any right on behalf of the Accredited Practitioner to claim compensation from Maryvale Private Hospital and the Accredited Practitioner further agrees that this By-Law may be used as an absolute bar to any proceedings in relation thereto.

### **18.4 Alternative arrangements for patients**

The CEO will have the authority to arrange medical care for the patients of the suspended Accredited Practitioner.

### **18.5 Appeal rights**

Unless otherwise provided in these By-Laws, the affected Accredited Practitioner will have the rights of appeal established by these By-Laws.

### **18.6 Notification to Board**

The CEO will notify the Board Chair of any suspension of Accreditation of an Accredited Practitioner.

### **18.7 Notifiable Conduct and Mandatory Reporting**

- a) The CEO must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, (including in relation to any suspension of Accreditation of an Accredited Practitioner under By-law 18), as enforced in each State and Territory.
- b) The CEO must advise the Board Chair of any mandatory reporting made under By-Law 18.7(a).

### **18.8 Alternative to Suspension**

As an alternative to an immediate suspension, the CEO may elect to deliver a show cause notice to the Accredited Practitioner advising of:

- a) the facts and circumstances forming the basis for possible suspension;
- b) the grounds under the By-laws upon which suspension may occur;
- c) invite a written response from the Accredited Practitioner, including a response why the Accredited Practitioner may consider suspension is not appropriate;
- d) if applicable and appropriate in the circumstances, any actions that must be performed for the suspension not to occur and the period within which these actions must be completed; and
- e) a timeframe in which a response is required from the Accredited Practitioner to the show cause notice;
- f) Following receipt of the response the CEO will determine whether the Accreditation will be suspended. If suspension is to occur notification will be sent in accordance with the notification requirements of this By-law. Otherwise, the Accredited Practitioner will be advised that suspension will not occur at this stage; however this will not prevent the CEO from taking other action at this time, including imposition of conditions, and will not prevent the CEO from relying upon these matters as a ground for suspension or cancellation in the future.

## **19.0 Cancellation of Accreditation**

### **19.1 Immediate cancellation**

Accreditation of Accredited Practitioners will be cancelled immediately by the CEO and, where considered reasonable and appropriate in the circumstances, in consultation with the Board Chair, if, based on the information available to the CEO at that time:

- a) the Accredited Practitioner is found guilty of Professional Misconduct by any inquiry, investigation or hearing by any disciplinary body or professional standards organisation;
- b) the Accredited Practitioner ceases to be registered in the relevant profession, specialty and jurisdiction for which Accreditation has been issued;
- c) the Accredited Practitioner is convicted of an offence involving sex or violence or any offence in relation to the Accredited Practitioner's practice;
- d) the Accredited Practitioner fails, refuses or is unable to comply with the requirements and undertakings set out in By-Law 13.13, or is dishonest in respect of the undertakings given in By-Law 13.13(b);
- e) any relevant screening authority in the Accredited Practitioner's jurisdiction determines that the Accredited Practitioner poses an unacceptable level of risk to children; or
- f) the Accredited Practitioner's Professional Indemnity Insurance is cancelled, lapses or no longer covers the Accredited Practitioner's Scope of Clinical Practice to the reasonable satisfaction of the CEO (unless the situation is rectified by the Accredited Practitioner within 24 hours from when they become aware that their Professional Indemnity Insurance has been cancelled, lapsed or does not cover their Scope of Clinical Practice).



## **19.2 Unprofessional Conduct**

Accreditation of Accredited Practitioners may be cancelled immediately if the Accredited Practitioner is found guilty of Unprofessional Conduct by any inquiry, investigation or hearing by any disciplinary body or professional standards organisation.

## **19.3 Cancellation on incapacity**

An Accredited Practitioner's Appointment may be cancelled if, in the reasonable opinion of the CEO (having first obtained independent advice), an Accredited Practitioner becomes incapable of performing their duties for a continuous period of six months or for a cumulative period of six months in any 12 month period.

## **19.4 Cancellation when not immediate (this should be discussed)**

Accreditation of an Accredited Practitioner may be cancelled by the CEO having, where considered reasonable and appropriate in the circumstances consulted with the Board Chair, by giving the Accredited Practitioner 1 month written notice if:

- a) the Accredited Practitioner fails to observe the terms and Conditions of their Accreditation or fails to abide by these By-Laws or the Facility's policies and procedures and fails to rectify the breach;
- b) the Accredited Practitioner, after due hearing, is considered by the CEO to have engaged in Professional Misconduct and/or Unprofessional Conduct;
- c) the Accredited Practitioner is not considered by the CEO as having Current Fitness;
- d) to do so would be in the interests of patient care or safety or in the interests of staff welfare or safety;
- e) the Accredited Practitioner's registration is subject to conditions which are inconsistent with their continuing to be appointed as an Accredited Practitioner;
- f) the Accreditation is no longer supported by the Organisational Need or Organisational Capabilities of the Hospital;
- g) the Hospital ceases to provide support services required within the Scope of Clinical Practice of the Accredited Practitioner;
- h) the conduct or continuing Accreditation of the Accredited Practitioner compromises the efficient operation or the interests of the Hospital;
- i) the Accredited Practitioner's agreement with a contracted services provider for whom the Accredited Practitioner provides services terminates, or if the Accredited Practitioner's employment engagement with the contracted service provider terminates (excluding Consulting);
- j) the Accredited Practitioner does not, without prior approved leave, provide services at the Hospital for a period of twelve months;
- k) the Accredited Practitioner ceases to hold, in the CEO's opinion, current and adequate Professional Indemnity Insurance;
- l) the Accredited Practitioner has applied for a review of the suspension of their Accreditation under By-Law 18.5 and on review the decision to suspend is upheld; or



m) there are grounds for suspension pursuant to By-Law 18.1 but in the circumstances it is considered that suspension is an insufficient response.

#### **19.5 Notification to Board**

The CEO will notify the Board Chair of any termination of Accreditation of an Accredited Practitioner.

#### **19.6 No appeal rights where immediate cancellation**

No right of appeal will exist in respect of immediate cancellation pursuant to By-Law 19.

#### **19.7 Immediate Cancellation at each Facility and no right to claim**

a) The immediate cancellation of Accreditation of an Accredited Practitioner pursuant to By-Law 19.1 at Maryvale Private Hospital will cause the automatic cancellation of Accreditation at any other subsidiaries operated or conducted by Maryvale Private Hospital and it is a condition of Accreditation that the Accredited Practitioner acknowledges and agrees that cancellation of his/her Accreditation shall not, in any circumstances, give rise to any right on behalf of the Accredited Practitioner to claim compensation from the Hospital or any subsidiaries and the Accredited Practitioner further agrees that this By-Law may be used as an absolute bar to any proceedings in relation thereto.

#### **19.7 Notifiable Conduct and Mandatory Reporting**

a) The CEO must comply with their obligations of mandatory reporting of notifiable conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory.

b) The CEO must advise the Board Chair of any mandatory reporting made under By-Law 19.8(a) (including in relation to any termination of Accreditation of an Accredited Practitioner under By-law 19).

#### **19.8 Alternative to Cancellation**

As an alternative to an immediate termination, the CEO may elect to deliver a show cause notice to the Accredited Practitioner advising of:

- a) the facts and circumstances forming the basis for possible cancellation;
- b) the grounds under the By-laws upon which cancellation may occur;
- c) invite a written response from the Accredited Practitioner, including a response why the Accredited Practitioner may consider cancellation is not appropriate;
- d) if applicable and appropriate in the circumstances, any actions that must be performed for the cancellation not to occur and the period within which these actions must be completed; and a timeframe in which a response is required from the Accredited Practitioner to the show cause notice
- e) Following receipt of the response the CEO will determine whether the Accreditation will be cancelled. If cancellation is to occur notification will be sent in accordance with the notification requirements of this By-law. Otherwise, the Accredited Practitioner will be advised that cancellation will not occur at this stage; however this will not prevent the CEO from taking other action at this time, including imposition of conditions, and will not prevent the CEO from relying upon these matters as a ground for suspension or cancellation in the future.

## **20.0 Imposition of Conditions**

### **20.1 Imposing Conditions in lieu of suspension or cancellation**

- a) In lieu of the suspension of the Scope of Clinical Practice or cancellation of Accreditation of an Accredited Practitioner, the CEO may elect to impose Conditions on the Accreditation or Scope of Clinical Practice of an Accredited Practitioner.
- b) The imposition of Conditions may be recommended by the appointments Committee or scope of clinical practice Committee, but is at the ultimate discretion of the CEO.
- c) The CEO must notify the Accredited Practitioner in writing of the imposition of Conditions, the reasons for it, the consequences if the Conditions are breached, invite a written response and advise of the right of appeal, the appeal process and the timeframe for an appeal.
- d) If the Conditions are breached, then suspension of Scope of Clinical Practice or cancellation of Accreditation of an Accredited Practitioner may occur.
- e) If there is held, in good faith, a belief that the competence and/or Current Fitness to practice of the Accredited Practitioner is such that continuation of the unconditional right to practise in any other Facility would raise a significant concern about the safety and quality of health care, the CEO will ensure that the imposition of Conditions is notified to the relevant professional registration board and relevant State or Commonwealth bodies.
- f) The appeal procedure contained in these By-Laws will apply to an imposition of conditions under By-law 20.

### **20.2 Notification to Board**

The CEO will notify the Board Chair of any imposition of Conditions on the Accreditation of an Accredited Practitioner.

### **20.3 Notifiable Conduct and Mandatory Reporting**

- a) The CEO must comply with their obligations of mandatory reporting of notifiable conduct as prescribed in the Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory (including in relation to the imposition of Conditions on the Accreditation or Scope of Clinical Practice of an Accredited Practitioner) under By-law 20.1
- b) The CEO must advise the Board Chair of any mandatory reporting made under By-Law 20.4(a).

## **21.0 Appeal Rights**

### **21.1 No appeal rights against refusal of initial Accreditation**

- a) There shall be no right of appeal by an applicant against a decision not to grant an initial Accreditation as an Accredited Practitioner to the Facility or from any terms or conditions that may be attached to an approval of an initial Accreditation as an Accredited Practitioner at the Hospital.
- b) There shall be no right of appeal if an approval of an initial Accreditation as an Accredited Practitioner at the Facility included an initial probationary period (as determined appropriate by the CEO) and at the conclusion of the probationary period the CEO determined that Accreditation would not be granted following conclusion of the probationary period. In such circumstances the Accredited Practitioner will be required, if

they seek Accreditation at the Hospital, to make a further application for Accreditation that will be regarded as an application for an initial Accreditation as an Accredited Practitioner at the Hospital.

- c) There shall be no right of appeal against a decision not to grant a temporary or emergency Urgent Accreditation
- d) There shall be no right of appeal against a decision not to introduce a new or amended use of technology or procedure.
- e) Should an applicant holding a current Accreditation as an Accredited Practitioner have that Accreditation rejected, either in whole or in part or varied by the CEO, the applicant shall have the rights of appeal set out within these By-Laws .

## **21.2 Appeal rights generally**

Except where these By-Laws state otherwise (see By-Laws 12.4(g), 14.8, 19.6, 21.1 and 26.3(b) an Accredited Practitioner who has Accreditation in respect of the Facility and whose Accreditation is amended, made conditional, suspended, cancelled, not renewed or conditionally renewed by the Facility, will have the rights of appeal set out in By-Law 22.

## **21.3 Concurrent appeal rights**

Despite any other provision of these By-Laws, where an Accredited Practitioner has appeal rights under these By-Laws concurrently with appeal rights under any legislation or mandatory directive and/or policy in respect of the same circumstances, the appeal rights under these By-Laws will cease to be available to the Accredited Practitioner. For the avoidance of doubt, if this By-Law 21.3 applies, the Accredited Practitioner will not have appeal rights under these By-Laws but will continue to have the appeal rights available under any legislation or mandatory directive or policy.

## **22.0 Appeal Procedure**

### **22.1 Appeal must be lodged in fourteen days**

An Accredited Practitioner will have 14 days from the date of notification of a decision to amend, make conditional, suspend, cancel, not renew or conditionally renew their Accreditation to lodge an appeal against the decision. Such an appeal must be in writing and be lodged with the CEO.

### **22.2 Relevant Committee established to hear appeal**

The CEO will establish an appeals Committee to hear the appeal. The appeals Committee must as a minimum include:

- a) the MAC Chair (or delegate);
- b) the Director of Clinical Services (Director of Nursing) (or delegate); and
- c) a nominee of the appropriate professional college of the appellant.

### **22.3 Chief Executive Officer**

If the decision being appealed and reviewed by the appeals Committee was made:

- a) by the CEO personally or relates to a Facility at which the appellant was previously Accredited, then the CEO must not be a member of the appeals Committee hearing the relevant appeal; or
- b) by a Delegated Authority, then that Delegated Authority must not be a member of the appeals Committee hearing the relevant appeal.

#### **22.4 Chairperson**

a) The chairperson of the appeals Committee will be the Board Chair.

#### **22.5 One vote per member**

- a) Each member of the Appeals Committee will have one vote; and
- b) if there is an equality of votes the chairperson shall have a casting vote in addition to a deliberative vote.

#### **22.6 Notice**

The appellant will be provided with appropriate notice by the appeals Committee and will have the opportunity to make a submission to the appeals Committee.

#### **22.7 Submissions**

The appeals Committee will determine whether the submission of the appellant will be in writing or in person, or both. The appellant must provide written submissions for the appeals Committee within the timeframe reasonably required by the appeals Committee.

#### **22.8 No legal representation**

Neither the appellant nor any party will have any legal representation at any meeting of the appeals Committee. The appellant is entitled to be accompanied by a support person, who may be a lawyer, but that support person is not entitled to address the appeals Committee.

#### **22.9 Chairperson determines procedure of the appeals Committee**

The chairperson of the appeals Committee will determine any question of procedure for the appeals Committee provided that it complies with the conventions of natural justice.

#### **22.10 Final determination of the Appeals process**

The appeals Committee will make a written recommendation to the CEO and the Board, which will consider the recommendation and the processes leading to the appeals Committee's recommendation. The Board will then make a determination regarding the appeal. The determination of Maryvale Private Hospital Board will be final and binding.

#### **22.11 No Stay**

If an Accredited Practitioner appeals a decision to amend, make conditional, suspend, cancel, not renew or conditionally renew their Accreditation, the appeal will not stay the decision under appeal.

### **23.0 Research**

#### **23.1 Approval of research**

Clinical research by an Accredited Practitioner in or at Maryvale Private Hospital may only commence if:

- a) prior to any formal applications for research ethics approval, an approval in principle is required from the CEO and the Board;
- b) it is to be carried out by, or under the supervision of an Accredited Practitioner within their field of clinical accreditation, and with appropriate research experience, as a coinvestigator;

- c) the proposed clinical research is consistent with the National Health & Medical Research Council (NHMRC) Statement on Ethical Conduct in Human Research (2007) and any relevant jurisdictional legislation or guidelines;
- d) an application to carry out the proposed research is submitted using the appropriate forms – National Ethics Application Form (NEAF) or specific jurisdictional forms to facilitate the Facility's Human Research Ethics Committee (HREC);
- e) the HREC is constituted according to the NHMRC Statement on Ethical Conduct in Human Research (2007);
- f) the CEO may delegate the facilitation of the HREC and associated research governance requirements to an appropriately qualified manager and Director of Research;
- g) clinical research may only commence after written approval from the HREC and CEO, after all ethical and governance issues have been approved and evidence of insurance is in place;
- h) in accordance with the NHMRC Statement on Ethical Conduct in Human Research (2007) the HREC may delegate to an appropriate subcommittee the approval for 'low risk' and 'quality assurance' studies;
- i) all clinical research will be conducted in accordance with approvals or Conditions recommended by the HREC;
- j) Maryvale Private Hospital will ensure the appropriate insurance cover for the clinical research along with ensuring appropriate policies/procedures are in place;
- k) all clinical research must comply with relevant legislative provisions, standards and guidelines including but not limited to guardianship legislation, radiation, safety precautions and any other jurisdictional specific matters; and
- l) a fee, as determined by the Hospital from time to time, may be levied for consideration of commercial research projects

### **23.2 Withdrawal or disapproval of research**

The Board and/or CEO may withdraw permission for, or place Conditions upon, the conduct or continuation of research involving treatment of human subjects at the Facility if in their opinion the research:

- a) cannot be conducted by the Accredited Practitioner and/or supported by the Facility at an appropriate standard of safety and quality;
- b) is outside the authorised Scope of Clinical Practice of the Accredited Practitioner;
- c) is likely to result in damage to the reputation of the Hospital, its subsidiaries or Latrobe Health Services; or
- d) is inconsistent with good professional practice.

## **24.0 Experimental or Innovative Treatment or Techniques**

### **24.1 Approval of experimental treatment or techniques**

Experimental or innovative treatment or techniques (including any new or revised use of technology or incremental development of established treatments, techniques or therapies) will only commence if:

- a) an approval in principle is sought from the CEO and the Board;
- b) it is to be carried out by an Accredited Practitioner with appropriate Credentials and Scope of Clinical Practice granted in accordance with these By-Laws to cover the experimental or innovative treatment or technique;

- c) the experimental or innovative treatment or technique is consistent with Maryvale Private Hospital's Code of Conduct and with the Australian Medical Association's Codes of Ethical Standards;
- d) the Accredited Practitioner has submitted details to the CEO for appropriate review and approval by the relevant Committee and, subject to By-Law 24.2, the approval of both has been given and the CEO is satisfied that appropriate insurance cover is in place; and
- e) where appropriate, the Accredited Practitioner complies with the relevant provisions of guardianship legislation including but not limited to obtaining any necessary approvals of the relevant guardianship authority.

#### **24.2 Approval by the Board and/or Chief Executive Officer**

- a) The Board and/or CEO may, having consulted with the head of the relevant Committee, approve experimental or innovative treatments or techniques where they are of the opinion that formal review and approval by the relevant Committee is not necessary.
- b) The Board and/or CEO must have regard to Facility policy regarding the circumstances where formal review and approval of experimental or innovative treatments or techniques are required.
- c) Approval will be subject to Maryvale Private Hospital's insurer noting the experimental or innovative treatments or techniques.

#### **24.3 Ethical issues and human subjects**

Where the proposed experimental or innovative treatment or technique raises ethical issues or the involvement of human subjects, such experimental or innovative treatment or technique will only commence if:

- a) an approval in principle is sought from the CEO and the Board;
- b) the treatment or technique has been referred to and approved by the relevant ethics Committee; and
- c) such experimental or innovative treatment or technique is conducted in accordance with any approvals or conditions provided by that Committee; and
- d) subject to Maryvale Private Hospital's insurer noting of such experimental or innovative treatment or technique; and
- e) evidence of the Accredited practitioner's insurance noting the experimental or innovative treatment or technique.

#### **21.4 New Clinical Services, Procedures or Other Interventions**

- a) An Accredited Practitioner who proposes to perform a New Clinical Service, Procedure or Other Intervention at the Facility must apply in writing to the CEO for approval.
- b) The CEO must refer the application to the relevant Committee which will advise on the safety, efficacy and role of the New Clinical Service, Procedure or Other Intervention in the context of the Facility's Organisational Need and Organisational Capabilities. This information is to also be shared with the Board
- c) The relevant Committee will advise the Board and CEO:
  - i. whether, and under what conditions, the New Clinical Service, Procedure or Other Intervention could be introduced safely to the Hospital; and
  - ii. whether the New Clinical Service, Procedure or Other Intervention or equipment is consistent with the Accredited Practitioner's Scope of Clinical Practice.

- d) The Board and CEO may seek additional advice about the financial, operational or clinical implications of the introduction of the New Clinical Service, Procedure or Other Intervention.
- e) The Board and CEO may refuse permission for the introduction of a New Clinical Service, Procedure or Other Intervention.
- f) Before approving the introduction of a New Clinical Service, Procedure or Other Intervention the Board and CEO must:
  - i. be satisfied that the New Clinical Service, Procedure or Other Intervention is consistent with the Organisational Need and Organisational Capabilities of the Facility;
  - ii. where the New Clinical Service, Procedure or Other Intervention involves research, be satisfied that the requirements of By-Law 23.1 has been met;
  - iii. be satisfied that the appropriate indemnity and/or insurance arrangements are in place; and
  - iv. notify the relevant Committee.

## **25.0 Management of Emergencies**

In cases of an emergency or in other circumstances deemed appropriate, the CEO may take such actions as they deem fit in the interests of a patient. This may include a request for attention by an available Accredited Practitioner (other than the admitting Accredited Practitioner).

In such cases, the following provisions will apply:

- a) the available Accredited Practitioner may make appropriate arrangements for referrals for the purposes of urgent or necessary consultations or treatment and will inform the CEO of such arrangements;
- b) the CEO will, as soon as possible, notify the Accredited Practitioner under whose care the patient was admitted of the circumstances, of the condition of the patient and of the actions taken;
- c) the available Accredited Practitioner will advise the Accredited Practitioner under whose care the patient was admitted of the action taken; and
- d) the patient's care will usually be returned, as soon as possible, to the Accredited Practitioner under whose care the patient was admitted, who will then resume the further management of the patient's condition.

## **26.0 Reputation of the Hospital**

### **26.1 CEO may require cessation of certain types of procedures, advice or treatment**

The CEO may, from time to time, on the basis of ethical or economic grounds, or upon the basis that certain types of medical practice may damage the reputation of the Hospital (or otherwise attract adverse publicity), require an Accredited Practitioner to immediately cease carrying out certain types of procedures, giving certain advice or recommending certain forms of treatment.

### **26.2 Accredited Practitioner to cease upon notice from the CEO**

On being notified by the CEO of a requirement under By-Law 26.1, the Accredited Practitioner will immediately cease to carry out such procedures, give such advice, or recommend such treatment.

### **26.3 Scope of clinical practice Committee to make recommendation to the CEO**

- a) Following a decision of the CEO under By-Law 26.1, the CEO will refer the matter to the Accreditation and Credentialing Committee for consideration and discussion. The Committee

may convey comments or make recommendations to the CEO in relation to the decision.  
The CEO may, in its absolute discretion, affirm or vary the decision of the Committee.

- b) There is no right of appeal against a decision of the CEO under this By-Law 26.

## **27.0 Admission and removal or transfer of patients**

### **27.1 All admissions subject to approval**

a) The privilege of the Accredited Practitioner to admit a patient to the Hospital will, at all times, be subject to approval of such admission by the CEO. The CEO will be entitled to refuse permission for the admission of any patient without giving a reason.

### **27.2 Right to request discharge or transfer of patient**

a) The right of the Accredited Practitioner to admit a patient to the Hospital will, at all times, be subject to the right of the CEO to require the removal or transfer of a patient.

b) The CEO will make reasonable efforts to notify the Accredited Practitioner and the patient if they require the removal or transfer of the patient. The Accredited Practitioner will be required to make all necessary arrangements for the removal or transfer of the patient, including notifying the relatives of the patient and, where necessary, arranging the admission of the patient to another hospital or aged care facility.

### **27.3 Hospital may do all things necessary to arrange removal**

a) Should the Accredited Practitioner fail to make such arrangements when requested under By-Law 27.2, or fail to make adequate arrangements, the CEO will be entitled to do all such necessary acts and things to arrange for the removal or transfer of the patient.

## **28.0 Disputes**

### **28.1 By-Laws**

a) Any dispute or difference which may arise as to the meaning or interpretation of these By-Laws will be determined by the Board Chair in consultation with the CEO.

### **28.2 Committees**

a) Any dispute or difference which may arise as to the meaning or interpretation of the powers of any Committee established under these By-Laws or the validity of proceedings of any meeting, excluding the Appeals Committee, will be determined by the CEO or the Board Chair.

## **29.0 Revision of By-Laws**

- a) The Board Chair may from time to time following approval and recommendation from the Board and Hospital Executive review these By-Laws and may make, amend, suspend or rescind any By-Law.
- b) The Board must review these By-Laws not less than every five years.

## **30.0 Service Providers**

If the Hospital enters into a contract for the provision of clinical services (such as medical imaging or pathology or allied health services) by a third party contractor to the patients of the Hospital, the contract may:



**Hospital By-Laws**  
**Effective: 1 May 2021**

- a) provide that only health professionals who have been accredited to treat patients at the Hospital may provide the clinical services; or
- b) require the third party contractor to ensure that:
  - i. The Credentials, professional registration and professional indemnity insurance status of the health professionals who provide the contracted services are strictly verified by the third party contractor and are consistent with the contractual requirements, and that evidence of Credentials, professional registration and professional indemnity insurance status is provided to the CEO; and
  - ii. the health professionals who provide the services do so only within the Scope of Clinical Practice or under the Accreditation Classification or conditions of Accreditation specified in the contract as generally applicable to all health professionals providing the services, unless they have been accredited specifically by the Hospital as Accredited Practitioners with a modified Scope of Clinical Practice/Accreditation Classification/conditions of Accreditation;
  - iii. however, regardless of any contractual arrangements, all procedural and interventional radiologists or pathologists must be accredited by the Hospital as Accredited Practitioners pursuant to these Hospital By-Laws in order to treat patients at the Hospital.
- c) The CEO has complete authority to withdraw authority for any health professional to provide all or some of the contracted services to patients of the Hospital. There will be no appeal against such a decision.
- d) The Accreditation of any health professional who provides services on behalf of a third party contractor to the patients of the Hospital will terminate with the contract under which those services are provided. There will be no appeal against the termination of an Accreditation under this Rule.

### 31.0 Schedule 1 – General Practice Anaesthetics

This schedule applies to all Accredited Health Practitioners who are Medical Practitioners registered in general practice who provide anaesthesia to patients in the hospital.

#### 31.1 General

An Accredited Health Practitioner who is a Medical Practitioner registered in general practice and accredited to perform anaesthesia at the hospital (**GP Anaesthetist**) will practice with care and diligence within the Scope of Practice indicated in their Accreditation Notification consistent with their clinical competency and experience. Emergency life-saving procedures performed outside these bounds are an exception to this requirement.

The GP Anaesthetist must maintain his or her anaesthetic skills and knowledge with a caseload commitment to anaesthesia that must be no less than any annual minimum set by the CEO and participate in an ongoing professional development in the field of anaesthetics.

An Accredited Practitioner who is a Medical Practitioner registered in general practice who is seeking to practice anaesthesia at the hospital requires a certificate of competency from a supervising Anaesthetist who holds a Fellowship of the Australian and New Zealand College of Anaesthetics. If the Accredited Practitioner has been practicing anaesthetics without a supervising Anaesthetist then a certificate of competency should be obtained from the Medical Superintendent or Chair of the MAC of the previous hospital at which the Accredited Practitioner worked.

#### 31.2 Quality Assurance and Continuing Professional Development

Every GP Anaesthetist must participate in a triennial quality assurance and continuing professional development program in line with the Maintenance of Professional Standards (MOPS) program drawn up and agreed to by the Joint Consultative Committee on Anaesthesia (JCCA), a tripartite committee of the Australian and New Zealand College of Anaesthetists (ANZCA), the Australian College of Rural and Remote Medicine (ACRRM) and The Royal Australian College of General Practitioners (RACGP).

Every GP Anaesthetist must maintain a log book or similar record of their anaesthesia caseload and continuing professional development activities consistent with the requirements of the JCCA. At a minimum, log books should contain de-identified information on the age and gender of each patient, the date and anaesthesia performed, and the outcome and any complications. Special conditions may be imposed by the CEO having received the advice of the MAC on a GP Anaesthetist.

**32.0 Appendix 1 - Application for Accreditation as a Medical Practitioner (including Surgical Assistant – Medical) or Dentist**

Application for Accreditation as a Medical Practitioner (including Surgical Assistants & Medical Officers) or Dentist	
Please submit your completed application form with the documentation requested in the sections following to the Chief Executive Officer at Maryvale Private Hospital.	
<input type="checkbox"/> <b>New Appointment</b> <input type="checkbox"/> <b>Reappointment</b>	
<p><b>For Reappointment:</b></p> <p>If this is an application for reappointment and there are no changes to the information required in this application you will only be required to tick the box below, sign and complete your contact details on this application.</p> <p><input type="checkbox"/> This is an application for my reappointment and there are no changes to the information required in the Application for Accreditation since I last applied at Maryvale Private Hospital</p> <p>_____</p> <p style="text-align: center;">Signature of Medical Practitioner</p> <p>_____</p> <p style="text-align: center;">Date</p>	
<b>Section 1: Personal Details</b>	
Title: (A/Prof, Prof, Dr, Mr, Mrs, Miss, Mx)	
Surname of Applicant:	
First Names in full:	
Any Former Name(s) (including maiden name):	
Date of birth:	
Accreditation category: (Please refer to page 3 for the criteria category)	
Provider Number:	
Prescriber Number:	
Partner / Spouse Full Name: (optional - for invitation purposes only)	
Emergency Contact Name:	
Emergency Contact Number:	

Personal Address Details			
Please tick <input checked="" type="checkbox"/> your preferred mailing address that is Personal or Practice or Other:			
<input type="checkbox"/> Residential Address:			
Suburb:		Post Code:	
Home Phone Number:		Home Facsimile:	
Mobile Number:			
Email:			
Practice Address Details (primary):			
<input type="checkbox"/> Practice Address			
Suburb:		Post Code:	
Practice Telephone:		Practice Facsimile:	
Pager Telephone:		Pager Number:	
Mobile Number:			
Email Address:			
Other Address (other consulting rooms etc):			
<input type="checkbox"/> Other Address			

Section 2 Qualifications ( <i>Please attach your Curriculum Vitae and Qualification Documents</i> )		
Undergraduate qualifications, university and year of graduation:		
Year Obtained:	Qualification:	Institution:
Postgraduate qualifications, degrees, diplomas, fellowship: <i>Note: Certified copies of original qualifications should be obtained, if possible</i>		
Year obtained:	Qualification:	Authorising Body:

Special comments on post graduate experience:		
<b>Year obtained:</b>	<b>Qualification:</b>	<b>Authorising Body:</b>
Special comments on post graduate experience:		
<b>Year obtained:</b>	<b>Qualification:</b>	<b>Authorising Body:</b>
Special comments on post graduate experience:		

<b>Section 3 Appointments:</b>		
<b>Current Appointments:</b>		
<b>Dates:</b>	<b>Facility:</b>	<b>Appointments:</b>
<b>Previous Appointments (last ten years):</b>		
<b>Dates (From / To):</b>	<b>Facility:</b>	<b>Appointments:</b>

<b>Itemise Postgraduate Educational Activity in the past three years:</b>		
<b>Nature of current practice and place of work</b>		
<b>Publications (Please attach list or CV): Attached?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Membership of colleges and/or other relevant Associations (Please attach list or CV):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Section 4 Accreditation, Scope of Practice</b>	
<b>Accreditation is sought in the following categories:</b>	
<input type="checkbox"/> Career / Contracted Medical Officer <input type="checkbox"/> Consultant Emeritus (No admitting rights) <input type="checkbox"/> Consultant Specialist/General Practitioner (No admitting rights) <input type="checkbox"/> Dental Specialist <input type="checkbox"/> Dentist <input type="checkbox"/> General Practitioner	<input type="checkbox"/> Employed Medical Officer (Resident, Registrar, Career Medical Officer) <input type="checkbox"/> Specialist Practitioner <input type="checkbox"/> Staff Specialist <input type="checkbox"/> Surgical Assistant (No admitting rights)
<b>Accreditation is sought to:</b>	
<input type="checkbox"/> Admit <input type="checkbox"/> Consult	<input type="checkbox"/> Diagnostic / Treat <input type="checkbox"/> Assist
<b>Specialty In Which Accreditation Is Applied For:</b>	
<i>Please complete Scope of Practice (page 3) to complete your Specialty (N/A Surgical Assistants)</i>	
Does your scope of practice require the use of:	
1) Fluoroscopy / Laser and / or Angiography Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes attach the EPA Radiation Licence to this application and note the Radiation User Licence Expiry Date</i>	
2) Laser Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes attach the Laser Certification to this application and note the Laser Certificate Expiry Date</i>	
<b>Appointment Period (to be completed by the hospital)</b>	
<input type="checkbox"/> Temporary <input type="checkbox"/> Three Years <input type="checkbox"/> Other Term	----- / ----- / 20-- to ----- / ----- / 20--

<b>Surgical Assistant applicants only:</b>		
Name of accredited practitioner at each applicable hospital who will provide a reference for you.		
<b>Name</b>	<b>Address &amp; Phone Number</b>	<b>Hospital</b>
<b>Name</b>	<b>Address &amp; Phone</b>	<b>Hospital</b>
<b>Name</b>	<b>Address &amp; Phone</b>	<b>Hospital</b>
<b>Name</b>	<b>Address &amp; Phone</b>	<b>Hospital</b>
<b>Name</b>	<b>Address &amp; Phone</b>	<b>Hospital</b>
<b>Accreditation (Please tick):</b>		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary from ____/____/20____ to ____/____/20____	

Clinical privileges are sought in the field(s) of: *(Not applicable to Surgical Assistants)*

<input type="checkbox"/> <b>Anaesthesia</b> <input type="checkbox"/> Adults <input type="checkbox"/> Cardiac-Adult Only <input checked="" type="checkbox"/> Neonatal (<1 year old) <input checked="" type="checkbox"/> Obstetrics <input type="checkbox"/> Paediatrics (>1 year old) <input type="checkbox"/> Trans-oesophageal Echocardiography (TOE)-Adults Only <input type="checkbox"/> Chronic Pain  <input type="checkbox"/> <b>Cardiac Perfusion</b>  <input type="checkbox"/> <b>Cardiology</b> <input type="checkbox"/> Cardiologists <input type="checkbox"/> TOE <input checked="" type="checkbox"/> Procedural Cardiologist <input checked="" type="checkbox"/> Diagnostic Angiography <input checked="" type="checkbox"/> Interventional Cardiologist <input checked="" type="checkbox"/> Angioplasty <input type="checkbox"/> Electro Physiologist  <input checked="" type="checkbox"/> <b>Cardiothoracic Surgery</b> <input checked="" type="checkbox"/> Adult Only <input checked="" type="checkbox"/> Valvular Procedures <input checked="" type="checkbox"/> Coronary Artery Bypass <input checked="" type="checkbox"/> Off Pump Procedures <input checked="" type="checkbox"/> Minimally Invasive Surgery <input checked="" type="checkbox"/> Arrhythmia Surgery <input checked="" type="checkbox"/> Thoracic Aorta Procedures <input checked="" type="checkbox"/> Thoracic Lung Procedures <input checked="" type="checkbox"/> Insertion of Pacemaker <input checked="" type="checkbox"/> Paediatric Only <input checked="" type="checkbox"/> Other please specify:  <input type="checkbox"/> <b>Dental</b> <input type="checkbox"/> Adult <input type="checkbox"/> Paediatric  <input type="checkbox"/> <b>Dental Specialist</b> <input type="checkbox"/> Specify:  <input checked="" type="checkbox"/> <b>Emergency Medicine</b>  <input type="checkbox"/> <b>ENT Surgery</b> <input type="checkbox"/> Adult <input type="checkbox"/> Paediatric <input type="checkbox"/> Paediatric Endoscopic <input type="checkbox"/> Adenoidectomy <input type="checkbox"/> Bronchial Procedures <input type="checkbox"/> Ear Procedures <input type="checkbox"/> Facial Nerve <input type="checkbox"/> Laryngeal Procedures <input type="checkbox"/> Otolaryngeal-Head & Neck <input type="checkbox"/> Pharyngeal Procedures <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Tracheal Procedures <input type="checkbox"/> Other please specify:	<input type="checkbox"/> <b>Gastroenterology</b> <input type="checkbox"/> Diagnostic Upper Gastrointestinal Endoscopy <input type="checkbox"/> Therapeutic Upper Gastrointestinal Endoscopy <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Oesophageal Banding & Placement of Prostheses <input type="checkbox"/> Oesophageal Dilatation <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> Diagnostic Colonoscopy <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) & associated Therapeutic Interventions <input type="checkbox"/> Biliary Stenting <input type="checkbox"/> Percutaneous Gastrostomy (PEG)  <input type="checkbox"/> <b>General Surgery</b> <input type="checkbox"/> Adult <input type="checkbox"/> Colorectal Surgery <input type="checkbox"/> Endocrine Surgery <input type="checkbox"/> Adrenalectomy <input type="checkbox"/> Thyroidectomy <input type="checkbox"/> Endoscopic Surgery <input type="checkbox"/> Gastrointestinal Surgery <input type="checkbox"/> Laparoscopic Surgery <input type="checkbox"/> Diagnostic <input type="checkbox"/> Interventional <input type="checkbox"/> Upper GI Surgery  <input type="checkbox"/> <b>General Surgery – sub speciality</b> <input type="checkbox"/> Paediatric <input type="checkbox"/> Breast Surgery <input type="checkbox"/> Oncoplastic <input type="checkbox"/> Hepatobiliary & Pancreatic Surgery <input type="checkbox"/> Oesophagectomy <input type="checkbox"/> Bariatric – Adults only <input type="checkbox"/> Lap Banding <input type="checkbox"/> Modified Roux-en-Y Sleeve Gastrectomy  <input type="checkbox"/> <b>Gynaecology-General</b> <input type="checkbox"/> Advanced Endoscopic Surgery <input type="checkbox"/> Gynaecology General <input type="checkbox"/> Laparoscopic Surgery <input type="checkbox"/> Prolapse Surgery <input type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> Assisted Reproductive Services <input type="checkbox"/> Gynaecological Oncology <input type="checkbox"/> Uro-Gynaecology	<input type="checkbox"/> <b>General Medicine</b> <input type="checkbox"/> Adult <input type="checkbox"/> Paediatric Medicine <input type="checkbox"/> General Medicine <input checked="" type="checkbox"/> Neonatology (34 weeks or later) <input type="checkbox"/> Dermatology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Hepatology <input type="checkbox"/> Immunology <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Adult <input type="checkbox"/> Medical Oncology <input checked="" type="checkbox"/> Paediatric Oncology <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Palliative Care <input type="checkbox"/> Haematology <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Renal Medicine <input type="checkbox"/> Nephrology-General <input type="checkbox"/> Nephrology-Interventional <input checked="" type="checkbox"/> Renal Dialysis <input type="checkbox"/> Respiratory Medicine <input type="checkbox"/> Bronchoscopy-Diagnostic <input type="checkbox"/> Bronchoscopy-Therapeutic <input type="checkbox"/> Sleep Medicine <input type="checkbox"/> Rheumatology <input type="checkbox"/> Other please specify:  <input checked="" type="checkbox"/> <b>Intensive Care</b> <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Paediatric  <input checked="" type="checkbox"/> <b>Neurosurgery</b> <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Nerve Procedures <input checked="" type="checkbox"/> Spinal Procedures <input checked="" type="checkbox"/> Cranial Procedures  <input type="checkbox"/> <b>Nuclear Medicine</b>  <input checked="" type="checkbox"/> <b>Obstetrics</b> <input checked="" type="checkbox"/> Maternal Fetal Medicine <input checked="" type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> Uro-gynaecology
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<p><input type="checkbox"/> <b>Ophthalmology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Paediatric</li> <li><input type="checkbox"/> Cataract Surgery</li> <li><input type="checkbox"/> Corneal transplantation</li> <li><input type="checkbox"/> Eyelid Surgery</li> <li><input type="checkbox"/> Glaucoma Surgery</li> <li><input type="checkbox"/> Lacrimal Surgery</li> <li><input type="checkbox"/> Oculoplastic</li> <li><input type="checkbox"/> Orbital Surgery</li> <li><input type="checkbox"/> Pterygium Surgery</li> <li><input type="checkbox"/> Refractive Surgery</li> <li><input type="checkbox"/> Squint Surgery</li> </ul> <p><input type="checkbox"/> <b>Oral and Maxillofacial Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Paediatric</li> <li><input type="checkbox"/> Facio-Maxillary Surgery</li> <li><input type="checkbox"/> Mandibular Osteotomy</li> <li><input type="checkbox"/> Other please specify:</li> </ul> <p><input type="checkbox"/> <b>Orthopaedics - General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Paediatric</li> <li><input type="checkbox"/> Arthroscopy</li> <li><input type="checkbox"/> Fracture Management</li> <li><input type="checkbox"/> Major Joint Replacement</li> <li><input type="checkbox"/> Podiatric Surgery</li> </ul> <p><input type="checkbox"/> <b>Orthopaedics – sub specialty</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reconstructive Surgery</li> <li><input type="checkbox"/> Spinal Surgery</li> </ul> <p><input type="checkbox"/> <b>Pathology</b></p> <p><input type="checkbox"/> <b>Psychiatry</b></p> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> General Adult</del></li> <li><input type="checkbox"/> Consultation - Liaison</li> <li><del><input type="checkbox"/> Addiction Psychology</del></li> <li><del><input type="checkbox"/> PTSD (EMDR)</del></li> <li><del><input type="checkbox"/> ECT</del></li> <li><del><input type="checkbox"/> TMS</del></li> <li><del><input type="checkbox"/> Eating Disorder</del></li> <li><del><input type="checkbox"/> Psychotherapy</del></li> </ul> <p><input type="checkbox"/> <b>Paediatric Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other please specify:</li> </ul>	<p><input type="checkbox"/> <b>Plastic and Reconstructive Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Cosmetic Surgery <ul style="list-style-type: none"> <li><input type="checkbox"/> Augmentation Mammoplasty</li> <li><input type="checkbox"/> Abdominoplasty</li> <li><input type="checkbox"/> Blepharoplasty</li> <li><input type="checkbox"/> Body Contouring</li> <li><input type="checkbox"/> Body Lift</li> <li><input type="checkbox"/> Brachioplasty</li> <li><input type="checkbox"/> Brow Lift</li> <li><input type="checkbox"/> Laser Ablation</li> <li><input type="checkbox"/> Liposuction</li> <li><input type="checkbox"/> Mastopexy</li> <li><input type="checkbox"/> Mentoplasty</li> <li><input type="checkbox"/> Otoplasty</li> <li><input type="checkbox"/> Rhinoplasty</li> <li><input type="checkbox"/> Rhytidectomy</li> </ul> </li> <li><input type="checkbox"/> Reconstructive Surgery <ul style="list-style-type: none"> <li><input type="checkbox"/> Breast reconstructive surgery</li> <li><input type="checkbox"/> Burns Surgery</li> <li><input type="checkbox"/> Facial Reconstruction</li> <li><input type="checkbox"/> Hand Surgery</li> <li><input type="checkbox"/> Microsurgery</li> <li><input type="checkbox"/> Neurovascular Flaps</li> <li><input type="checkbox"/> Surgery for congenital deformity</li> </ul> </li> <li><input type="checkbox"/> Paediatric <ul style="list-style-type: none"> <li><input type="checkbox"/> Bats Ears Only</li> <li><input type="checkbox"/> Repair Lacerations Only</li> <li><input type="checkbox"/> Revision of Scars Only</li> </ul> </li> <li><input type="checkbox"/> Other please specify</li> </ul> <p><input type="checkbox"/> <b>Radiology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic Imaging</li> <li><del><input type="checkbox"/> Interventional Radiology</del> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> Cardiac Catheterisation</del></li> <li><del><input type="checkbox"/> Diagnostic (perform at least 100 procedures per annum)</del></li> <li><del><input type="checkbox"/> Interventional (perform at least 75 procedures per annum)</del></li> </ul> </li> <li><del><input type="checkbox"/> Vascular Catheterisation</del> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> Diagnostic</del></li> <li><del><input type="checkbox"/> Interventional</del></li> </ul> </li> </ul>	<p><input type="checkbox"/> <b>Urology - General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Paediatric</li> <li><input type="checkbox"/> Endoscopic Urology</li> <li><input type="checkbox"/> Laparoscopic Urology</li> <li><input type="checkbox"/> Laser</li> <li><input type="checkbox"/> Green Light Laser</li> <li><input type="checkbox"/> Open Urological Procedures</li> <li><input type="checkbox"/> Other please specify</li> </ul> <p><input type="checkbox"/> <b>Urology – Sub Specialty</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HiFU</li> <li><input type="checkbox"/> Lithotripsy</li> </ul> <p><del><input type="checkbox"/> <b>Vascular Surgery</b></del></p> <p><del><input type="checkbox"/> Procedure:</del></p> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> Anastomosis</del></li> <li><del><input type="checkbox"/> Arterial Patch</del></li> <li><del><input type="checkbox"/> Bypass</del></li> <li><del><input type="checkbox"/> Decompression</del></li> <li><del><input type="checkbox"/> Enbolectomy</del></li> <li><del><input type="checkbox"/> Endarterectomy</del></li> <li><del><input type="checkbox"/> Ligation of Aneurysms</del></li> <li><del><input type="checkbox"/> Repair</del></li> <li><del><input type="checkbox"/> Replacement</del></li> <li><del><input type="checkbox"/> Thrombectomy</del></li> <li><del><input type="checkbox"/> Vascular Trauma of the following:</del> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> Adnominal</del></li> <li><del><input type="checkbox"/> Aortic</del></li> <li><del><input type="checkbox"/> Mesenteric</del></li> <li><del><input type="checkbox"/> Open</del></li> <li><del><input type="checkbox"/> Axillary, Subclavian</del></li> <li><del><input type="checkbox"/> Carotid Surgery—Open</del></li> <li><del><input type="checkbox"/> Endovascular Procedures</del> <ul style="list-style-type: none"> <li><del><input type="checkbox"/> AAA Stent Grafts</del></li> <li><del><input type="checkbox"/> Diagnostic Procedures</del></li> <li><del><input type="checkbox"/> Embolisation Procedures</del></li> <li><del><input type="checkbox"/> Peripheral Interventions</del></li> <li><del><input type="checkbox"/> Renal Stenting</del></li> <li><del><input type="checkbox"/> Femoral</del></li> <li><del><input type="checkbox"/> Iliac</del></li> <li><del><input type="checkbox"/> Jugular</del></li> <li><del><input type="checkbox"/> Renal</del></li> <li><del><input type="checkbox"/> Temporal</del></li> </ul> </li> <li><del><input type="checkbox"/> Thoracic</del></li> </ul> </li> </ul> <p><i>* Service not currently offered at Maryvale Private Hospital</i></p>
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<b>Other privileges sought: (Not applicable to surgical assistants)</b>				
Field	Surgical Admitting	Medical Admitting	Consulting	Other (specify)

### Section 5 Referees

For each speciality in which you are seeking privileges, please provide the names, addresses and contact numbers of three peer referees in Australia who can attest to your recent practice and who are not related to you nor financially linked with or financially dependent on you. *(Not applicable to surgical assistants)*

Name of Referee 1:			
Specialty:			
Address:			
Contact Number:		Email:	
Name of Referee 2:			
Specialty:			
Address:			
Contact Number:		Email:	
Name of Referee 3:			
Specialty:			
Address:			
Contact Number:		Email:	

### Section 6 Registration

Please record your current AHPRA registration number and attach a photocopy of your registration certificate to the application:

Registration Number:		Expiry Date:	
Scope of Clinical Practice:			
6.1 Do you have any endorsements or notations against your current medical registration? (circle)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes provide details:			
6.2 Do you have any conditions, undertakings, or reprimands against your current medical registration? (circle)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide details:			
6.3 As per Maryvale Private Hospital's By-Laws should AHPRA impose any conditions and/or restrictions on my medical registration or should I enter into an agreement with AHPRA about these matters, in the future, I confirm that I will immediately notify the Hospital's CEO of the nature and extent of such conditions and/or restrictions.			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 7 Insurance and Disclosure

Please state the name of your Medical Defence Organisation or your Professional Indemnity Insurance Provider and attach a copy of your current Professional Indemnity Insurance Certificate and Schedule to this application.

*NB: Accredited Practitioners must hold professional indemnity insurance cover issued by an Australian insurer. All Accredited Practitioners must hold a minimum level of cover of \$20 million for each claim and in the aggregate.*

Where the Accredited Practitioner will be conducting Clinical Trials or Research this needs to be noted on the policy.

Please note it is a requirement to provide a copy yearly upon policy renewal to the Hospital CEO as documentary evidence of the level of this cover and to immediately advise of any material changes to the level of cover or conditions of the policy.

Name on Policy:			Expiry Date:	/ /20
Policy Number:		Insurance Company:		
Category of cover: <i>(insert specialty e.g. Surgeon – General):</i>				
Billing less than \$ <i>(insert amount)</i> <i>(insert specialty)</i>				
7.1. Does your insurance fully cover the types of privileges you have applied for?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.2. Do you have any conditions imposed by your indemnity insurance provider that you are required to comply with in order to maintain coverage or are there limitations on coverage? <i>(If so, please provide a copy of the relevant section of your insurance policy)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3. I consent to Maryvale Private Hospital contacting my indemnity insurance provider directly, should it desire for any reason, to obtain a full copy of my indemnity insurance policy. <i>(If yes, please provide the attached signed authority)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.4. Should my indemnity insurance provider impose any conditions and/or restrictions on my Indemnity insurance policy, in the future, I confirm that I will immediately notify the hospital CEO of the nature and extent of such conditions and/or restrictions.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.5. Have your clinical privileges and/or appointment at any hospital or day procedure centre ever been the subject of internal or external review, reduced, suspended or revoked or have you had conditions attached to that appointment for any reason?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered Yes to the above, please provide dates and particulars:</i>				
7.6. Have you ever had any restrictions / conditions placed on your Medical Registration or have you ever entered into undertakings with AHPRA or your registration board?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If you answered Yes to the above, please provide details including details of the restrictions / conditions and period during which the restrictions apply / applied):</i>				
7.7 Have you previously been refused accreditation at another health care facility?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If you answered yes to the above, please provide name of the facility &amp; rationale for refusal. Please note: A senior executive of the hospital may contact the facility)</i>				

7.8 Has your Scope of Practice or Clinical Privileges been restricted, suspended, not renewed or have you been the subject of adverse or critical findings as part of an internal or external review initiated at any other health care facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If you answered yes to the above, please provide name of the facility & rationale for refusal / restriction / suspension / recommendation. Please note, a senior executive of the hospital may contact the facility).		
7.9 Are you currently under investigation or have there ever been any adverse or critical findings made against you which may be relevant to your appointment (for example: with respect to patient management, behaviour, breach of insurance / medical laws, professional misconduct, sexual assaults or assault) by: Health Insurance Commission / Medicare / Professional Services Review, Medical Board / AHPRA, a Health Care Complaints Commission/body, a Coroner, Police, College, a Court or any other professional disciplinary or similar body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If you answered yes to the above, please provide details)		
7.10 Do have any illness or disability which may adversely affect your ability or fitness to practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If you answered yes to the above, please provide details)		
7.11 Criminal Record Check – have you been convicted of or pleaded guilty to a criminal offence including a serious sex or violence offence, any offence involving dishonesty or drugs, breach of any laws that regulate the provision of health care or health insurance, charged with or convicted of a criminal indictable offence (other than a spent conviction)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If you answered yes to the above, please provide details and a copy of your current police check last three (3) months)		
7.12 Working with Children – complete if applicable A Working with Children Check is required of applicants who will be undertaking direct and unsupervised contact with children in the course of their work.	WWCC Clearance Number:	
7.13 Are you likely to be undertaking child related work meeting the definition above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.14 If you answered yes to the above question, do you consent to make a prohibited Employment Declaration and a Background Check, as prescribed by the relevant law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please attach your current Working With Children Clearance Certificate to this application</b>		

## Section 8 Emergency Contact

Please nominate a medical practitioner accredited at the Maryvale Private Hospital with an equivalent scope of practice where you are seeking accreditation who has agreed to be contacted and deputise for you in the event you are unavailable. *(NB: Not applicable for Surgical Assistants):*

Name:			
Specialty:			
Contact Numbers:	Home:	Mob:	Pager:
Facility:			

### Specialist Directory: *(Not applicable to surgical assistants)*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • I authorise the Hospital to include my details in the Hospitals Specialist Directory | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

### Authority:

- I hereby apply for accreditation at Maryvale Private Hospital for the clinical privileges I have specified and as attached to this application.
- In making this application I acknowledge and agree that:
  - I have received a copy of, read and understood the Maryvale Private Hospital By-Laws.
  - If I am appointed, I accept all of requirements set out in, and will comply in full with, the Maryvale Private Hospital By-Laws, as amended from time to time.
  - The Hospital Executives, its officers and the Medical Advisory Committee may seek information about my past experience, clinical performance and current fitness.
  - I consent to the Hospital contacting my indemnity insurance provider to obtain a copy of my insurance policy.
  - If I have provided misleading, deceptive, or inaccurate information or information which is likely to mislead, deceive or be inaccurate (including through omission), Maryvale Private Hospital may (in its absolute discretion) immediately proceed to suspension or termination of my Accreditation.
  - I will immediately notify the CEO of Maryvale Private Hospital of any material changes or additional relevant information with respect to the information already provided by me in connection with this application so that it remains accurate while the application is under consideration.
  - I will also notify the CEO in any of the following events (but not limited to the following events):
    - The relevant statutory professional registration board makes an adverse finding against me or suspends, revokes or places any limitation on my registration;
    - I do not have professional indemnity insurance cover in place for any reason;
    - I am convicted of a serious criminal offence
  - I understand that my Appointment as an Accredited Practitioner, if granted, will be reviewed in 3 years, or earlier as prescribed in the By-Laws and/or if considered necessary.

Applicant's Name:			
Signature		Date:	

**33.0 Appendix 2 - Application for Accreditation of a Health Professional (Other than a Medical Practitioner or Dentist)**

Application for Accreditation of Health Professional (Other than Medical Practitioner or Dentist)			
Please submit your completed application form with the documentation requested in the sections following to the Chief Executive Officer at Maryvale Private Hospital			
<input type="checkbox"/> New Appointment		<input type="checkbox"/> Reappointment	
<p><b>For Reappointment:</b></p> <p>If this is an application for reappointment and there are no changes to the information required in this application you will only be required to tick the box below, sign and complete your contact details on this application.</p> <p><input type="checkbox"/> This is an application for my reappointment and there are no changes to the information required in the Application for Accreditation since I last applied Maryvale Private Hospital</p>			
_____		_____	
Signature of Health Professional		Date	
<b>Section 1: Personal Details</b>			
Title:			
Surname of Applicant:			
First Names in full:			
Any Former Name Including Maiden Name:			
Date of birth:			
Accreditation category: (Please refer to page 3 for the criteria category)			
Provider Number (if applicable):			
Prescriber Number (if applicable)			
Emergency Contact Name:			
Emergency Contact Number:			
<b>Personal Address Details</b>			
Please tick <input checked="" type="checkbox"/> your preferred mailing address that is Personal or Practice or Other:			
<input type="checkbox"/> Residential Address:			
Suburb:		Post Code:	

**Hospital By-Laws**  
**Effective: 31 January 2021**

Home Phone Number:		Home Facsimile:	
Mobile Number:			
Email:			
<b>Practice Address Details (primary) if applicable:</b>			
<input type="checkbox"/> Practice Address			
Suburb:		Post Code:	
Practice Telephone:		Practice Facsimile:	
Pager Telephone:		Pager Number:	
Mobile Number:			
Email Address:			
<b>Other Address (other consulting rooms etc) if applicable:</b>			
<input type="checkbox"/> Other Address			
<b>Section 2 Qualifications (Please attach your Curriculum Vitae and Qualification Documents)</b>			
<b>Undergraduate qualifications, university and year of graduation:</b>			
<b>Year Obtained:</b>	<b>Qualification:</b>	<b>Institution:</b>	
<b>Postgraduate qualifications, degrees, diplomas, fellowship: Note: Certified copies of original qualifications should be obtained, if possible</b>			
<b>Year obtained:</b>	<b>Qualification:</b>	<b>Authorising Body:</b>	
Special comments on post graduate experience:			
<b>Year obtained:</b>	<b>Qualification:</b>	<b>Authorising Body:</b>	
Special comments on post graduate experience:			
<b>Year obtained:</b>	<b>Qualification:</b>	<b>Authorising Body:</b>	



Special comments on post graduate experience:		
<b>Section 3 Appointments:</b>		
<b>Current Appointments:</b>		
<b>Dates:</b>	<b>Facility:</b>	<b>Appointments:</b>
<b>Previous Appointments / Employment History (last ten years):</b>		
<b>Dates (From / To):</b>	<b>Facility:</b>	<b>Appointments:</b>
<b>Itemise Postgraduate Educational Activity in the past three years:</b>		
<b>Nature of current practice and place of work</b>		
<b>Publications (Please attach list or CV if applicable): Attached?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Membership of colleges and/or other relevant Associations (Please attach list or CV):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Appointment Period (to be completed by the hospital)</b>		
<input type="checkbox"/> Temporary <input type="checkbox"/> Three Years <input type="checkbox"/> Other Term  ----- / ----- / 20-- to ----- / ----- / 20—	<input type="checkbox"/> Employed  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	

<b>Section 4 Accreditation, Scope of Practice</b>		
<b>Appointment / employment (as relevant) sought:</b>		
<input type="checkbox"/> Allied Health Professional	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Other: <i>(please specify)</i>		
<input type="checkbox"/> Independent Midwife <i>(Please provide details):</i>		
<input type="checkbox"/> Nurse Practitioner <i>(Please provide details):</i>		
<input type="checkbox"/> Perioperative Nurse Surgical Assistant <i>(Please provide details):</i>		
<input type="checkbox"/> Registered Nurse employed by credentialed Visiting Medical Officer <i>(Please provide details: including evidence of VMO insurance covering your practice)</i>		
<input type="checkbox"/> Other Practitioner <i>(Please provide details):</i>		
Name of accredited practitioner at the hospital who is sponsoring you and with whom you will work? (complete if applicable for the clinical privileges sought)		

<b>Section 5 Referees</b>	
<b>Please provide the names, addresses and contact numbers of three peer referees in Australia who can attest to your recent practice and who are not related to you nor financially linked with or financially dependent on you.</b>	
Name of Referee 1:	
Specialty:	
Address:	

Contact Number:		Email:	
Name of Referee 2:			
Specialty:			
Address:			
Contact Number:		Email:	
Name of Referee 3:			
Specialty:			
Address:			
Contact Number:		Email:	

#### Section 6 Registration

**Please record your current AHPRA registration number and attach a photocopy of your registration certificate to the application:**

Registration Number:		Expiry Date:	/ /20
Scope of Clinical Practice:			
6.1 Do you have any endorsements or notations against your current medical registration? <i>(circle)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes provide details:			
6.2 Do you have any conditions, undertakings or reprimands against your current health practitioner registration? <i>(circle)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, provide details:			
6.3 As per Maryvale Private Hospital's By-Laws should AHPRA impose any conditions and/or restrictions on my medical registration, in the future, I confirm that I will immediately notify the Hospital's CEO of the nature and extent of such conditions and/or restrictions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

#### Section 7 Insurance and Disclosure

Complete all sections if your engagement is as an independent contractor. Complete sections 7.5 to 7.14 if your engagement is as an employee of Maryvale Private Hospital.

Please state the name of your Medical Defence Organisation or your Professional Indemnity Insurance Provider and attach a copy of your current Professional Indemnity Insurance Certificate and Schedule to this application.

*NB: Accredited Practitioners must hold professional indemnity insurance cover issued by an Australian insurer. All Accredited Practitioners must hold a minimum level of cover of \$20 million for each claim and in the aggregate.*

Please note it is a requirement to provide a copy yearly upon policy renewal to the Hospital CEO as documentary evidence of the level of this cover and also to immediately advise any material changes to the level of cover or conditions of the policy.

**Hospital By-Laws**  
**Effective: 31 January 2021**

Name on Policy:			Expiry Date:	/ /20	
Policy Number:			Insurance Company:		
Category of cover: <i>(insert specialty e.g. Physiotherapist, Nurse Practitioner-Cardiology)</i>					
7.1. Does your insurance fully cover the types of privileges you have applied for?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.2. Do you have any conditions imposed by your indemnity insurance provider that you are required to comply with in order to maintain coverage? (If so, please provide a copy of the relevant section of your insurance policy)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.3. I consent to Maryvale Private Hospital contacting my indemnity insurance provider directly, should it desire for any reason, to obtain a full copy of my indemnity insurance policy. <i>(If yes, please provide the attached signed authority)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.4. Should my indemnity insurance provider impose any conditions and/or restrictions on my Indemnity insurance policy, in the future, I confirm that I will immediately notify the hospital CEO of the nature and extent of such conditions and/or restrictions.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.5. Have your clinical privileges and/or appointment at any hospital or day procedure centre ever been reduced, suspended or revoked or have you had conditions attached to that appointment for any reason?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If you answered Yes to the above, please provide dates and particulars:</i>					
7.6. Have you ever had any restrictions / conditions placed on your Health Practitioner Registration?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>(If you answered Yes to the above, please provide details including details of the restrictions / conditions and period during which the restrictions apply / applied):</i>					
7.7 Have you previously been refused credentialing at another health care facility?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>(If you answered yes to the above, please provide name of the facility &amp; rationale for refusal. Please note: A senior executive of the hospital may contact the facility)</i>					
7.8 Has your Scope of Practice been restricted, suspended, not renewed or had any written recommendations made against your accreditation at any other health care facility?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>(If you answered yes to the above, please provide name of the facility &amp; rationale for refusal / restriction / suspension / recommendation. Please note, a senior executive of the hospital may contact the facility).</i>					

7.9 Are you currently under investigation or have there ever been any serious adverse findings made against you which would be relevant to your appointment (for example: breach of insurance / health practitioner laws, professional misconduct, sexual assaults or assault) by: The Health Insurance Commission, an Allied Health or Nursing Board, a Health Care Complaints Commission/body, a Coroner, a Court or any other professional disciplinary or similar body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If you answered yes to the above, please provide details)</i>		
7.10 Do have any illness or disability which may adversely affect your fitness to practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If you answered yes to the above, please provide details)</i>		
7.11 Criminal Record Check – have you been convicted of or pleaded guilty to a criminal offence including a serious sex or violence offence, any offence involving dishonesty or drugs, breach of any laws that regulate the provision of health care or health insurance, charged with or convicted of a criminal indictable offence (other than a spent conviction)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If you answered yes to the above, please provide details and a copy of your current police check last three (3) months)</i>		
7.12 Working with Children – complete if applicable A Working with Children Check is required of applicants who will be undertaking direct and unsupervised contact with children in the course of their work.	WWCC Clearance Number:	
7.13 Are you likely to be undertaking child related work meeting the definition above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.14 If you answered yes to the above question, do you consent to make a prohibited Employment Declaration and a Background Check, as prescribed by the relevant law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please attach your current Working With Children Clearance Certificate to this application</b>		

### Section 8 Emergency Contact

Please nominate a medical practitioner accredited at the Maryvale Private Hospital with an equivalent scope of practice where you are seeking accreditation who has agreed to be contacted and deputise for you in the event that you are unavailable. *(NB: Not applicable for Surgical Assistants):*

Name:			
Specialty:			
Contact Numbers:	Home:	Mob:	Pager:
Facility:			

**Authority:**

- I hereby apply for accreditation at Maryvale Private Hospital for the clinical privileges I have specified and as attached to this application.
- In making this application I acknowledge and agree that:
- I have received a copy of, read and understood the Maryvale Private Hospital By-Laws.
- If I am appointed, I accept all of requirements set out in, and will comply in full with, the Maryvale Private Hospital By-Laws, as amended from time to time.
- The Hospital Executives, its officers and the Medical Advisory Committee may seek information about my past experience, clinical performance and current fitness.
- I consent to the Hospital contacting my indemnity insurance provider to obtain a copy of my insurance policy.
- If I have provided misleading, deceptive, or inaccurate information or information which is likely to mislead, deceive or be inaccurate (including through omission), Maryvale Private Hospital may (in its absolute discretion) immediately proceed to suspension or termination of my Accreditation.
- I will immediately notify the CEO of Maryvale Private Hospital of any material changes or additional relevant information with respect to the information already provided by me in connection with this application so that it remains accurate while the application is under consideration.
- I will also notify the CEO in any of the following events (but not limited to the following events):
- The relevant statutory professional registration board makes an adverse finding against me or suspends, revokes or places any limitation on my registration;
  - I do not have professional indemnity insurance cover in place for any reason;
  - I am convicted of a serious criminal offence
- I understand that my Appointment as an Accredited Practitioner, if granted, will be reviewed in 3 years, or earlier as prescribed in the By-Laws and/or if considered necessary.

**NOTE:** Receipt of certificate of coverage from your medical defence organisation/fund or professional indemnity insurer and certificate of registration **MUST** accompany this application.

**Applicant's Name:**

**Signature**

**Date:**

**Sponsoring practitioner must complete this part of the form**

I, \_\_\_\_\_ endorse this application from  
*Sponsoring practitioner's name*

\_\_\_\_\_  
*Applicant's name*

\_\_\_\_\_  
*Signature of sponsoring practitioner*

\_\_\_\_\_  
*Date*

### 34.0 Appendix 3 – Telephone Reference

#### Telephone Reference for Medical Practitioner (inc Surgical Assistants & Medical Officers), Dentist or Health Professional

<b>Name of Applicant</b>	
<b>Type of Credentialing</b>	
<b>Scope of Practice</b>	

<b>Association to Applicant</b>	
<b>Name of Referee</b>	
<b>Position of Referee</b>	
<b>Telephone number</b>	
<b>Email address</b>	

<b>Person conducting reference check</b>	
<b>Position</b>	
<b>Signature</b>	
<b>Date</b>	

<b>Referee Questions</b>	<b>Response</b>
How long have you known the applicant for?	
What role/position/scope of practice was held during this time?	
Can you please comment on the ability of the candidate to undertake the role/ position/scope of practice being applied for?	
Can you please comment on the applicants communication skills and ability to work as a part of a team?	
Are you aware of any concerns or complaints regarding behaviour and/or clinical practice?	
Is there any further information that you would like to provide us?	