

# **THE MELBOURNE EASTERN PRIVATE HOSPITAL BY-LAWS**

**(Hospital By-Laws and guidelines for Visiting Practitioners)**

The following By-Laws have been drawn up to help both the users and the management of the Hospital to establish guidelines for optimum patient care.

These By-Laws must be read in conjunction with Federal and State Laws and any associated regulations.

Professional Ethics are to be read as per the Code of Ethics of the Australian Medical Association and the Learned Colleges.

THE MELBOURNE EASTERN PRIVATE HOSPITAL

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## INTRODUCTION TO HOSPITAL BY-LAWS

### Objective

To enhance the quality of care for the patient and improve the working atmosphere for the clinicians and nursing staff.

Responsibility for major decisions involving policy with the Melbourne Eastern Private Hospital will rest ultimately with the licensee. The hospital will be operated on a day-to-day basis by the Hospital Director or as nominated by the Board.

### Preamble

The following By-Laws determine the process for appointment of Visiting Practitioners and their accreditation as well as their clinical and administrative responsibilities. The licensee recognises that the primary therapeutic relationship is between the Visiting Practitioner (VP) and the patient and that the hospitals shares in the responsibility for maintaining standards.

### Name

The name of the Hospital is The Melbourne Eastern Private Hospital Pty Ltd, which is owned by Macquarie Health Corporation Ltd (MHC). It is operated and managed in the Macquarie Hospitals Services division.

### Interpretation

In these By-Laws, unless the context otherwise requires the following shall be interpreted:-

### Hospital

The Melbourne Eastern Private Hospital operating in Boronia in the state of Victoria under the authority of a licence granted by the Department of Health to a Director of the Company (hereinafter defined).

### Board

The Board of Directors for Macquarie Health Corporation Pty. Ltd.

### Director

A person appointed as Director in accordance with the provision of the Company's Act, 1981.

### Corporate Manager

Means a person appointed to assist in the management of Macquarie Health Services.

## 1.0 INTERPRETATIONS DEFINED

In these By-Laws, unless the context otherwise requires, the following shall be interpreted.

### 1.1 Macquarie Hospital Services ('MHS')

The hospital operating division of Macquarie Health.

### 1.2 Act

The relevant act of the State which is intended to cover the regulation of Private Hospitals and Day Procedure Centres.

### 1.3 By-Laws

These By-Laws.

### 1.4 Clinical Privileges

The specific medical services, surgical or dental procedures permitted to be undertaken by practitioners.

### 1.5 Clinical Privileges Application Form

The medical application form approved by the Hospital from time to time to use by a Medical Practitioner or Dentist or other Health providers to apply for Clinical Privileges at the Hospital.

**1.6 Corporate Manager**

A Corporate Manager(s) appointed by the Governing Body to oversee the operation of Macquarie Hospital Services Division and its hospitals.

**1.7 Dentist:** The meaning described thereto in the Dentists Act, 1934.

**1.8 Department**

The Department of Government for the State with the responsibility for health in the state.

**1.9 Divisional Management meetings DMM**

Meetings held for specific Divisional Managers across the group. ie Theatre, CSM's, Administration Managers etc

**1.10 Hospital Director (HD)**

The person appointed by the Board to that position and in the absence of that person the person appointed to act in that position for the time being. The Hospital Director (or the delegated person in his/her absence) shall always be a nurse, registered under the provision of the Nurses' Registration Act, 1953 and shall be qualified in such other manner as may be required of a person occupying such a position. The Hospital Director shall:

- be the senior person of the hospital to whom all staff are responsible, through their respective department head;
- be the spokesman and channel for all communications to and from the hospital;
- advise the Senior Management Committee as regards major equipment;
- be responsible for the management of security and safety for all patient care by the hospital, its facilities, staff and resources, to acceptable standards in accordance with the policies and directives of the Senior Management Committee.
- Maintain complete compliance of the hospital for all legal, statutory and regulatory requirements.

**1.11 Medical Advisory Committee (MAC)**

A meeting of the elected representatives of the Visiting Medical Practitioners. The committee will be structured to be representative of the casemix at the hospital. Election of members of this committee will be held every three years. The Medical Advisory Committee is established pursuant to these By-Laws. The member practitioners have been granted clinical privileges by the Senior Management Committee to attend patients in the Hospital.

**1.12 Medical Practitioner**

Shall have the meaning described thereto in the Medical Practitioner Act, 1938.

**1.13 Regulation:** A regulation made under the Act.

**1.14 Senior Manager (SM)**

One of the Divisional Managers. ie Theatre, CSM's, Administration Managers etc

**1.15 Senior Management Meeting (SMM)**

A Committee meeting of the Corporate Manager, the Hospital Director, Director of Nursing, Clinical Services Manager of Ward, Operating Room Business Manager, Allied Health Manager and Administration Manager (or their nominee and the Chairman of the Board).

**1.16 Specialist Practitioner'**

A medical practitioner who has been recognised as a specialist in their nominated category for the purpose of the Health Insurance Act 1973 (Commonwealth).

**1.17 State:** The State of Victoria.

### 1.18 Visiting Practitioner (VP)

A Medical Practitioner (VMO) or Dentist (as the case may be) appointed to perform work as a Medical Practitioner or Dentist other than as an employee and who:

- a) is appointed by the Senior Management Committee as a member of the visiting medical staff;
- b) is credentialed by the Medical Advisory Committee of the Hospital,
- c) is domiciled closely enough to the hospital to provide continuity of patient care and to meet their obligations to the hospital or who is able to make such alternative arrangements regarding the care of his/her patient that will satisfy the Medical Advisory Committee, including provision of availability in emergency situations;
- d) undertake where relevant or required to:
  - i. attend meetings of the Medical Advisory Committee, ii. participate in Quality Management Programs of the hospital by involvement in:
    - clinical meetings
    - peer review
    - analysis of clinical outcomes of care
    - participate in the education program of the hospital
- e) assists appropriately for the hospital to fully comply with Accreditation and the National Standards.

### 1.19 Visitng Healthcare Provider

A Healthcare practitioner other than Doctor or Dentist is appointed by the Senior Management Committee and credentialed by the Medical Advisory Committee to perform work in their speciality at The Melbourne Eastern Private Hospital otherwise than as an employee. E.g. Podiatrist, Nurse Practitioner, remedial massage therapist etc

### 1.20 Gender

In these By-Laws words importing the masculine gender shall also include the feminine gender words importing the singular shall also include the plural and reference to legislation includes any replacement legislation governing the same or similar areas including regulations thereto as may be replaced or gazette from time to time.

### 1.21 Titles

In these By-Laws where there is use of the title Chairman or Chairperson the incumbent of that position for the time being may choose to use whichever designation that person so wishes.

## 2.0 VISITING PRACTITIONER APPOINTMENTS

### 2.1 Categories of Visiting Practitioners

Each person appointed as a Visiting Practitioner to the hospital shall be appointed in one of the following categories:

- Specialist Practitioner
- General Practitioner (VMO)
- Dentist
- Provider

### 2.2 Appointment of Visiting Practitioners

All appointments to a position of Visiting Practitioner shall, unless otherwise determined by the SMM, be for a period of up to 3 years except that an initial appointment shall be until the end of the current common appointment period. The Hospital Director shall provide each practitioner seeking appointment with a Credentialing application Form that a practitioner must submit when seeking appointment as a Visiting Practitioner and also make available a copy of the relevant By-Laws.

### 2.3 Confidentiality

The proceedings involved in granting appointment and clinical privileges to a Visiting Practitioner are confidential and not to be disclosed outside the particular forum concerned. Such confidentiality provisions shall also apply to any confidential information and to any committee or sub-committee of the hospital.

### 2.4 Application for Privileges and/or Appointments

A practitioner seeking appointment or re-appointment as a Visiting Practitioner shall complete a Credentialing Application Form and provide such a form as supported by required written references to the Hospital Director and:

- The Hospital Director shall refer a duly completed Medical Application Form to the Medical Advisory Committee.
- The Medical Advisory Committee shall review the application and satisfy itself as to the professional capabilities and knowledge, current fitness and confidence held in the applicant.
- The Medical Advisory Committee shall then satisfy itself as to the professional capabilities and knowledge, current fitness and confidence held in the applicant and make its recommendation to the SMM.
- Following a determination of its recommendation the Medical Advisory Committee shall forward such recommendation to the SMM of the hospital.
- The Senior Management Committee shall make a final determination as to the application.
- Within 7 days of arriving at its decision, the SMM shall communicate its decision to the Hospital Director who shall notify the applicant of such decision.
- There shall be no right of appeal against a decision not to make an initial appointment.
- Should an applicant holding a current appointment have that appointment rejected either in whole or in part or varied by the Medical Advisory and/or SMM, the applicant shall have the rights of appeal set out within these By-Laws.

### 2.5 Conditions of Appointment

Appointment as a Visiting Practitioner shall be conditional on the Practitioner agreeing to any such reasonable condition of appointment and on the Practitioner agreeing to:

- comply with the provision the Health Services Act, 1988 with the Regulations thereunder and the By-Laws, contracts, Policies and Procedures of the Hospital;
- attend his patients subject to the limit of any conditions imposed by the Board after taking into account the scope and role of the Hospital, the recommendations of the Accreditation and Credentialing Sub-Committee of the Medical Advisory Committee;
- Provide relevant sufficient and appropriate information for each patient on or prior to admission to enhance patient safety and quality of the practitioners service.
- take all reasonable steps to ensure that adequate Hospital Clinical Records are maintained for all patients under his care and that following discharge of each patient the Hospital Clinical Record is completed on discharge subject to reports outstanding, including a Discharge Summary.
- observe all reasonable requests made by the hospital with regard to his/her conduct in the hospital and with regard to the provision of services within the hospital;
- adhere to the generally accepted ethics of professional practice both in relation to his/her colleagues and to patients under his/her care;
- observe the general conditions of clinical practice applicable in the hospital;
- participate in the Total Quality Management program within the hospital which encompasses clinical peer review.
- Participate and assist in staff education and training as appropriate.
- **Personal Communications Devices (PCD)** - In order to maximize patient care and safety the use of PCDs must be limited while attending patients unless directly related to patient care. Notwithstanding, the use of PCDs is prohibited in the Operating Theatre during the course of an operation unless directly related to patient care. Should the VP require communications at that time, then hospital provided communication facilities into the theatre may be utilized.
- **Requesting Drugs, Consumables, Equipment and Other Supplies** - There is a continuous change in availability of drugs, consumables, equipment and other supplies which are constantly requested by VPs. In order to control this, the VP must seek approval through hospital procedures

for the introduction of new items. This can be requested through the department manager or through the Hospital Director. This is to prevent unnecessary cost burdens on the hospital without due consideration as to the merits of such a request.

## **2.6 Scope of Practice for Visiting Practitioners**

Each Visiting Practitioner is credentialed to undertake specific activities within the hospital. This 'scope of activities' is determined by the Accreditation and Credentialing Sub-committee of the Medical Advisory Committee and is dependent upon the qualifications and experience of the Visiting Practitioner as well as their affiliations with learned colleges. A Documented "scope of practice" for each VP is required to be held by The Melbourne Eastern Private Hospital.

## **2.7 Temporary Appointment**

The Hospital Director may approve temporary appointments as Visiting Practitioner and may grant Clinical Privileges to such temporarily appointed Visiting Practitioners. Clinical Privileges granted under this By-Law shall remain in force until the determination by the Senior Management Committee following the next Medical Advisory Committee Meeting, or in the case of a Practitioner who has applied for only temporary privileges, for a period not exceeding 3 months.

## **2.8 Locum Appointment**

Should a Visiting Practitioner wish to appoint a locum tenens to cover a period of absence they shall advise the Hospital Director in adequate time to enable consideration of the appointment of that practitioner as a locum tenens and such appointment may be on a temporary basis up to 3 months. Such appointment shall only be made by the Hospital Director following consultation with the Chairman of the Medical Advisory Committee.

## **2.9 Amendment of Privileges**

- 1) Any visiting Practitioner, at any time, may make application for amendment of his/her Clinical Privileges.
- 2) The Hospital Director shall cause any such application to be forwarded to the Medical Advisory Committee.
- 3) The Medical Advisory Committee shall give such application appropriate consideration and make a recommendation as to the amendments sought.
- 4) The Medical Advisory Committee shall review the recommendation and make its own recommendation to the SMM.
- 5) The SMM shall then consider the relevant recommendations concerning the application and, on reaching its decision, it shall, within 7 days, communicate its decision to the Hospital Director who shall, in turn, advise the Visiting Practitioner.
- 6) The SMM, may at any time, direct the Medical Advisory Committee through the Hospital Director to review the Clinical Privileges previously granted to a Visiting Practitioner including an assessment if necessary, of current fitness and confidence held in such an appointee and following such review, the Medical Advisory Committee and the Hospital Director shall make a recommendation to the SMM concerning the continuation, amendment, suspension or revocation of those clinical privileges.

## **2.10 Termination of Appointment**

An appointment shall be immediately terminated should a visiting practitioner cease to be registered.

An appointment shall be terminated should a visiting practitioner become permanently incapable of performing his/her duties which shall for the purposes of these By-Laws be a continuous period of 6 months incapacity.

An appointment shall be terminated should the visiting practitioner not be regarded by the SMM in consultation with the MAC as having the appropriate current fitness to retain the Clinical Privileges granted.



The appointment of a Visiting Practitioner may, at any time, be suspended or terminated by the Senior Management Committee where:

- The visiting practitioner fails to reasonably observe the terms and conditions of his/her appointment
- The visiting practitioner is adjudged guilty of professional misconduct by AHPRA.

The appointment of a visiting practitioner shall be terminated as otherwise provided in these ByLaws.

A Visiting Practitioner may resign his/her appointment after the expiry of 1 month after the giving of notice to the hospital unless otherwise agreed by the Senior Management Committee.

## **2.11 Appeals Mechanism / Suspension Of Right To Practice**

- a) Any Visiting Practitioner may appeal or request review of status, with regard to visiting rights and clinical privileges. Such review will be conducted by the SMM assisted by the Medical Advisory Committee. The SMM may also refer to other bodies or parties. Any request for review should be directed to the Chairman of the MAC. The Melbourne Eastern Private Hospital or AHPRA may suspend a medical practitioner's right to practice for various reasons such as:
  - Changes in the organisation's ability to provide support services
  - Changes in the service needs of the organisation; or
  - Concerns about the medical practitioner's performance or competence.
  - Any suspension may be temporary or permanent and may take effect in part or in whole.
- b) A formal appeals mechanism is established for both the granting of admission privileges and the delineation of clinical privileges. The appeals mechanism may be invoked by the Practitioner who lodges the objection to the privileges he/she has been granted or to the Hospital's refusal of admitting privileges rights. The appellant has the right to make submissions to the Hospital, in writing within six months.
- c) After registering an appeal through the Hospital Director, the Senior Management Meeting may nominate a committee to act as an Appeals Committee to hear the appeal. This committee shall consist of:
  - Two representatives of the Medical Advisory Committee.
  - Two representatives of the SMM.
  - A nominee requested of a recognised association e.g., Australian Medical Association or appropriate Learned College.

## **3.0 EXECUTIVE STAFF**

The Board shall appoint a Corporate Manager who shall be responsible to the Board for the management and superintendence of Macquarie Hospital Services, its facilities, staff and resources, in accordance with the policies of the Board and directives issued by the Board.

1. It shall be the duty of the Corporate Manager to advise the Board of the due observance by the Board of the Act and its Regulations, all other Statutes, Health Department instructions and Determinations and these By-Laws.
2. The Board or Corporate Manager shall appoint a Hospital Director and/or a Director of Nursing (DON) for each hospital on such terms and conditions, which are no less than those consistent with statutory requirements.
3. A vacancy for the position of Hospital Director shall be advertised by the Board in relevant media circulating throughout the State of Victoria.
4. The Hospital Director will be responsible to the Corporate Manager of Macquarie Hospital Services for the activities in 5.1 on a day to day basis.

#### **4.0 COMMITTEES OF THE HOSPITAL**

- Senior Management Meeting (SMM)
- Department Management Committee (DMM)
- Medical Advisory Committee (MAC)
- Medical Accreditation and Credentialing Sub-Committee (MACSC)
- Clinical Services Committee (CSC)
- Such other committees the Senior Management/Board Considers necessary to further assist in the organisation, Management and governance of the hospital.

#### **5.0 SENIOR MANAGEMENT MEETINGS (SMM)**

The Senior Management Meeting is the meeting where hospital policy decisions are formally undertaken and where financial decisions and review are undertaken. Ordinary meetings of the SMM will be held at least 12 times a year, at regular intervals and at a time and place determined by the SMM.

Formal notice of each Ordinary Meeting of the SMM will be given by the Corporate Manager to each participant not less than 2 days prior to the meeting or otherwise if a routine Period meeting.

Prior to each SMM the Corporate Manager through the Hospital Director will give to all attendees:

- i. a copy of the agenda for that meeting unless it is a standing agenda for all SMMs;
- ii. a copy of the minutes of the preceding ordinary meeting of the SMM;
- iii. a copy of the minutes of any special meetings of the SMM held since the last Ordinary Meeting.
- iv. Such other Senior Managers frequenting significant Departments in the hospital (e.g. Allied Health Services).

#### **5.1 Senior Management Meeting Attendees**

The **Senior Management Meeting** shall consist of:

- Chief Executive
- Hospital Director and/or Director of Nursing
- Clinical Services Manager (Ward, Rehabilitation and High Dependency Unit)
- Operating Room Manager
- Administration Manager
- Allied Health Manager

#### **5.2 Quorum**

Three (3) members of the Committee shall constitute a quorum and no business shall be transacted at a meeting of the Committee unless a quorum is present.

#### **5.3 Terms of Reference of the Senior Management Meeting**

The Senior Management Meeting shall have general responsibility for;

- a) The overall quality, safety, effectiveness, appropriateness and use of services rendered to patients in the hospital;
- b) The hospital's continued compliance with recognised standards for the accreditation of health care facilities for hospitals of a similar type in Australia.
- c) The maintenance, repair, replacement and improvement of hospital grounds, buildings works and equipment;
- d) The efficient use and expenditure of the finances available to or raised by the hospital and the appropriate budgeting, monitoring and reporting with respect to the budget;
- e) The appropriate and effective communication between the hospital administration and the affiliated medical staff, the hospital's nursing staff and other employees, contractors and agents employed by the hospital;
- f) The effective meeting and operation of and the reporting by each of the other committees and the effective and appropriate co-operation between them;
- g) Work Health and safety (WHS) obligations in all areas including staff and facilities

- h) The overall safety of the hospital, its buildings, grounds and equipment and in particular, ensuring that procedures for the prevention and control of fires and accidents at the hospital is maintained to the highest standards;
- i) Plan and manage a program for the control of drugs stores and used at the hospital with the appropriate input by the Consultant Pharmacist;
- j) Promote the usage and awareness of the hospital by medical and dental practitioners and the community;
- k) Plan and develop the hospital in accordance with future needs of the community serviced by the hospital;
- l) Report to the Director General any persistent failure of the licensee of the hospital to act on the committee's advice.

#### **5.4 Special Meetings of the SMM**

A special meeting of the SMM shall be called by the Corporate Manager:

- At the direction of the Chairman
- Within 48 hours of receipt by the Corporate Manager of a written request for such a meeting signed by 3 members of the SMM

At least 24 hours notice of a Special Meeting shall be given by the Corporate Manager to each member of the SMM and to each other person required to attend that meeting.

#### **5.5 Senior Management Meeting Minutes**

Recording of Minutes of all SMMs should be the responsibility of the Hospital Director and is usually delegated to the Administration Manager or other Senior Manager. Such minutes are issued within 3 days of the meeting.

Minutes of previous meetings shall be present for confirmation to the next meeting of the SMM and no business will be transacted until the Minutes of the previous meeting have been confirmed or otherwise disposed of.

#### **6.0 HOSPITAL RULES**

The SMM may make rules which are consistent with the Act or these By-Laws, for the regulation of the hospital and of the staff, for the admission and control of patients and visitors and generally, for all such matters not otherwise provided for by the By-Laws.

#### **7.0 MEDICAL ADVISORY COMMITTEE**

There shall be established a Medical Advisory Committee to be known as the 'Medical Advisory Committee'.

#### **8.0 ANNUAL GENERAL MEETING OF VISITING PRACTITIONERS**

There will be an annual meeting of Visiting Practitioners held each in either November or December. All Visiting Practitioners accredited to use the hospital will be invited to attend.

#### **8.1 Role of the Medical Advisory Committee The**

Medical Advisory Committee shall:

- be the formal organisational structure through which the collective views of the Visiting Practitioner staff of the hospital shall be formulated and communicated.
- provide a means whereby members of the Visiting Practitioner staff can participate in the policy making and planning process of the hospital by electing representation to attend meetings if requested of the Board, the SMM and its various committees.
- discuss issues relating to patient safety and to propose resolutions.
- evaluate the need for new equipment or repair existing equipment.
- advise the hospital director and the operating room manager of changes in clinical practices and principles.
- participate in the continuing education program of the hospital for staff and Visiting Practitioners.
- provide a forum for discussion of immediate management requirements within the operating complex.

- if required to make recommendations in regard to structural ad alterations or other building additions to the operating complex.
- review utilisation of the operating theatres and make recommendations to senior management as required.
- co-opt other health care providers, who may include nominees or representatives of learned colleges or other relevant professional organisations.
- advise the SMM on appropriate policies regarding the clinical organisation of the hospital.
- report to the VIC DHHS any failure by The Melbourne Eastern Private Hospital to act on the MAC's advice, the consequences of which could adversely impact on the health and safety of patients.
- assist in identifying health needs of the community and advise the SMM on the appropriate services which may be required to meet these needs.
- participate in the planning, development and implementation of the Quality Management Program for the hospital.
- monitor and evaluate existing and proposed clinical activities within the hospital and to make recommendations about their appropriateness.
- report to the SMM directly and through appropriate sub-committees, concerning the quality, effectiveness and appropriateness of services rendered by all practitioners appointed to practice in the hospital.
- review the operating policies and procedures within the Theatre Suite and make recommendations to management where relevant.

## **8.2 Structure of the Medical Advisory Committee**

- The Melbourne Eastern Private Hospital Medical Advisory Committee shall consist of appointed and/or elected Visiting Practitioners.
- The Medical Advisory Committee shall elect office bearers to the position of Chairman, Deputy Chairman and Secretary; these office bearers shall be known as the 'Medical Executive'.
- Office bearers of the Medical Advisory Committee (also known as the Medical Executive) shall be elected for a 3 year term of office.
- Prior to the AGM at which the 3 year terms of office expire, ballot papers are distributed to all Visiting Practitioners and nominations close 2 weeks prior to the AGM.
- The number of office bearers is to be no less than five (5).
- In the event of a vacancy occurring between the three (3) year period, that vacancy may be filled by an election at a special meeting of the Medical Advisory Committee for that purpose within thirty (30) days of that vacancy occurring.
- The election of office bearers shall be decided by a ballot of all members of the Medical Advisory Committee and in the event of voting for candidates being equal the result shall be determined by casting lots.

## **8.3 Duties of the Chairman of the Medical Advisory Committee**

It shall be the duty of the chairman of the Medical Advisory Committee to:

- Provide for effective communication and representation of the opinions, policies, reports, concerns, needs and grievances of the Visiting Practitioners to the Senior Management Committee.
- Preside at, and be responsible for, the Agenda of all meetings to the Medical Advisory Committee.
- Ensure the appointment or election of members of the Medical Advisory Committee to all committees of the Board/SMM, requiring Visiting Practitioner attendance.
- Attend meetings of the SMM when appropriate and meetings of the committees of which he/she is a member as a representative of the Visiting Practitioners.
- Has the authority to act on any urgent matter as indicated by the Hospital Director on behalf of the committee between Committee Meetings.
- To report to the next meeting on any action taken.

#### **8.4 Duties of the Deputy Chairman of the Medical Advisory Committee**

It shall be the duty of the Deputy Chairman of the Medical Advisory Committee to:

- Assist the Chairman of the Medical Advisory Committee
- To deputise for the Chairman of the Medical Advisory Committee in their absence.
- To attend Medical Advisory Committee meetings.
- To perform such other duties as are assigned to him/her by the Chairman of the Medical Advisory Committee.

#### **8.5 Duties of the Secretary of the Medical Advisory Committee**

It shall be the duty of the Secretary of the Medical Advisory Committee with the assistance of the Hospital Director to:

- Give notice of all meetings of the Medical Advisory Committee and to those entitled to attend such meetings.
- To prepare and circulate accurate and complete minutes of all meetings of the Medical Advisory Committee to all those entitled to attend such meetings.
- Perform such other duties as may be assigned to him/her by the Chairman of the Medical Advisory Committee.
- Attend meetings of the Board/SMM if appropriate, and meetings of Committee(s) of which she/he is a member as a representative of the Medical Advisory Committee.

#### **8.6 Meetings of the Medical Advisory Committee**

Ordinary meetings of the Medical Advisory Committee shall be held at least four (4) times a year and at a time and place to be determined by the Medical Executive. Written notice of each Ordinary Meeting together with a copy of the Agenda for that meeting shall be given by the Secretary of the Medical Advisory Committee not less than 7 days prior to the meeting to all its members and those invited to attend.

A special meeting of the Medical Advisory Committee may be called by the Chairman of the Medical Advisory Committee. A special meeting of the Medical Advisory Committee shall be called by the Secretary of the Medical Advisory Committee within forty eight (48) hours of receipt of a requisition to do so signed by at least 4 of members of the Medical Advisory Committee who are entitled to attend and vote at such a meeting.

At least twenty four (24) hours notice of Special Meetings shall be given by the Secretary of the Medical Advisory Committee to all members of the Medical Advisory Committee entitled to attend such a meeting.

Notice of Special Meetings shall specify the business to be considered and no business, of which such notice has not been given, shall be considered at such meetings.

#### **8.7 Quorum and Proceedings**

Four (4) members of the Committee shall constitute a quorum and no business shall be transacted at a meeting of the Committee unless a quorum is present.

In addition to the members of the Medical Advisory Committee the following people are entitled to attend in an ex-officio capacity:

- Corporate Manager
  - Hospital Director
  - Hospital Senior Managers
  - Such other invites as required
- a) Entitlement to vote at meetings of the Medical Advisory Committee Meetings, is given under these By-Laws only to those appointed by the SMM as Visiting Practitioners.
- b) All questions, except as otherwise provided for in these By-Laws, for the election of officers of the Medical Advisory Committee shall be decided by a show of hands, or where demanded by a member entitled to vote, a ballot.

- c) Minutes of all meetings of the Medical Advisory Committee shall be recorded by the Secretary of the Medical Advisory Committee or in his/her absence, by some other person appointed to do so.
- d) Minutes shall be distributed to all of those entitled to attend meetings of the Medical Advisory Committee prior to the next succeeding meeting.
- e) No business shall be considered at the meeting of the Medical Advisory Committee until the minutes of the previous meeting have been confirmed or otherwise disposed of.
- f) No discussion of the Minutes shall be permitted except as to the accuracy and business arising.
- g) Minutes of meetings shall be confirmed by resolution and signed by the Chairman of the Medical Advisory Committee at the next succeeding meeting and Minutes so confirmed and signed shall be taken as evidence of proceedings thereat.
- h) At least 24 hours' notice of a special meeting shall be given by the Deputy Chairman/Secretary of the Medical Advisory committee to all members of the Medical Advisory Committee entitled to attend such a meeting.
- i) Notice of special meetings shall specify the business to be considered and no business of which such notice has not been given shall be considered at such a meeting.
- j) Should there be an emergency situation at any time in which it is necessary to obtain the decision of the Medical Advisory Committee the Hospital Director in consultation, as necessary, with the Chairman, shall be empowered to undertake such appropriate action for later ratification by the Medical Advisory Committee.
- k) All questions, except as otherwise provided in these By-Laws, shall be decided by a show of hands or, where demanded, by a member entitled to vote, by a ballot and the Chairman of the Medical Advisory Committee shall have a second or casting vote.

## **8.8 Accreditation and Credentialing Sub-Committee**

At each Medical Advisory Committee meeting, there is a standing Agenda item to discuss Accreditation and Credentialing of Visiting Practitioners. Those members of the Medical Advisory Committee present at each meeting then become members of the Accreditation and Credentialing Sub-Committee.

### **8.8.1 Credentials Committee**

The Credentials Committee shall comprise:

- Three (3) standing members of the Medical Advisory Committee including at least one (1) representative of anaesthetics, medicine or rehabilitation and surgery.

The details of the Credentials Committee shall be to:

- Develop criteria, plan and manage a program for the delineation of clinical privileges where required by the SMM.
- Consider applications for appointment and re-appointment to the Visiting Practitioners of the Hospital and give due consideration as appropriate of the current fitness and confidence held in any applicant for Visiting Practitioner and make recommendations thereon to the medical Advisory Committee.
- Recommend the delineation of clinical privileges commensurate with the training, experience, competence, judgment, current fitness, character and confidence held in the applicant for appointment or re-appointment as a Visiting Practitioner.
- Where so directed by the Medical Advisory Committee and/or SMM, investigate the demonstrated knowledge and skill, current fitness and confidence held in each applicant for appointment or re-appointment as a Visiting Practitioner. Following such due consideration, recommend to the SMM the kind and extent of clinical privileges that should be granted to the Visiting Practitioner.
- Where so directed by the SMM examine and investigate the current clinical privileges of a Visiting Practitioner and, following due consideration and taking into account the facilities and supporting services available, make a recommendation to the SMM concerning the amendment or revocation of those privileges.

The Corporate Manager and Hospital Director shall have rights of attendance at meetings of the Credentials Committee but shall not have rights of voting at such meetings.

#### 8.8.2 The Process of Accreditation and Credentialing

The role of the members of the medical Advisory Committee is to consider all applications for appointment and re-appointment as a Visiting Practitioner and shall make recommendations to the Senior Management Meeting concerning such applications for appointment or re-appointment.

The scope of practice for each Visiting Practitioner is determined by this Committee according to the qualifications and experience of each practitioner as well as their affiliations with the Learned Colleges.

#### 8.8.3 Appeals

a) Any Visiting Practitioner may appeal or request review of status (refer to 2.11 page 8)

### 9.0 **CLINICAL COMMITTEE STRUCTURE**

#### 9.1 **Role and Function of Clinical Committees**

The role of the Clinical Committees at The Melbourne Eastern Private Hospital is to :

- assist management with policy making and implementation decisions
- review clinical practice
- participate in the Quality Management Program
- make recommendations for change, and
- assist the hospital to fully comply with the National Standards required.

Each clinical committee will have at least one (1) medical representative.

#### 9.2 **Clinical Committees**

The Clinical Committees at TMEPH are:

- WH&S Committee
- Infection Control Committee
- Medical Advisory Committee
- Medication Safety Committee
- Ward meeting
- Allied Health meeting

The organisation structure and terms of reference for these Committees and/or Departments is to be found in the Hospital Policy Manual.

### 10.0 **GENERAL PROVISIONS**

#### 10.1 **Specific Disclosure of Pecuniary Interests**

A member of the hospital committees or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest:

- a) in a matter that has been considered or is about to be considered at a meeting, or
- b) in a thing being done or about to be done by the hospital

will 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 **General Disclosure of Pecuniary Interests**

A disclosure by a person at a meeting of the Committee that the person:

- a) Is a member, or is in the employment of the specified company or other body
- b) Is a partner, or is in the employment of a specified person, or
- c) Has some other specified interest relating to a specified company or other body or a specified person

Is 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 Open Disclosure Policy**

The Macquarie Hospital Services hospitals Open Disclosure is conducted as part of the risk management policy. The Hospital Director through the Hospital Review Committee and Medical Advisory Committee formulates and authorises open disclosure communication and correspondence where warranted. The elements of which may include:

- a) A factual explanation of what happened.
- b) Consequences of the event, and
- c) Steps being taken to manage the event and prevent a recurrence.
- d) Medical Advisory Committee and Clinical Services recommendations.

### **10.4 Clarification**

Any clarification, dispute or difference which may arise as to the meaning or interpretation of these By-Laws or as to the powers of any committee or the validity of proceedings of any meeting shall be determined by the SMM.

### **10.5 Insurance**

Defamation in relation to the participation by Visiting Practitioners and persons in the committee process of the hospital (subject to such activities being undertaken in good faith) and in the conduct of the business associated with such processes. This coverage does not extend to any matter contained in a journal or publication or in any communication or contribution to the press, radio, television or multi media format.

### **10.6 Revision**

The SMM may, after due consultation from time to time make vary or revoke these By-Laws but they will be revised at least every three (3) years after due consultation with the Medical Advisory Committee.



# Guidelines for Visiting Practitioners

## 1. USE OF THE HOSPITAL

These By-Laws are subject to be revised and amended at the discretion of the Senior Management Meeting. The use of the hospital by a Visiting Practitioner is subject to him/her observing the By-Laws of the hospital.

Such amendments shall be discussed by the Medical Advisory Committee prior to approval and implementation. Copies of the By-Laws and Amendments are available from the Hospital Director. All Visiting Practitioners will be notified of all formalised amendments within twenty eight (28) days of such amendment.

- 1.1 Any registered Practitioner is eligible to use the Hospital subject to his/her observing the provisions of the Hospital By-Laws.
- 1.2 Any Practitioner (hereafter called Visiting Practitioners) wishing to use the facilities of the hospital shall make application to the Hospital Director or Director of Nursing, in the first instance, for permission to use the Hospital. Such application will remain confidential and will not be disclosed to any except where provided in these By-Laws.
- 1.3 Temporary permission may be given by the Hospital Director or Director of Nursing. Thereafter following approval by the Medical Advisory Committee and of Senior Management Meeting the name of the Visiting Practitioner will be added to the Visiting Practitioner Register of the hospital.
- 1.4 All appointments will be subject to review by the Medical Advisory Committee and the Senior Management Meeting, each triennium.
- 1.5 The Senior Management Meeting may withdraw permission for the use of the Hospital at its discretion.
- 1.6 Any Visiting Practitioner may appeal, or request review of status, with regard to visiting rights and clinical privileges. Such review will be conducted by the Medical Advisory Committee. The Medical Advisory Committee may also refer to other bodies or parties. Any request for review should be directed to the Chairman of the Medical Advisory Committee.

## 2. CLINICAL RESPONSIBILITIES

- 2.1 The Visiting Practitioners admitting the patient will be regarded as responsible for the care of the patient until such time as the Hospital Director/Ward Registered Nurse, is notified of referral and transfer to the care of another doctor who is approved to use the hospital. Such action is to be confirmed in writing as part of the medical record.
- 2.2 Discharge of a patient may be authorised only by the attending Visiting Practitioner or some other Visiting Practitioner acting on his/her behalf.

- 2.3 Visiting Practitioners with patients in the hospital must be available for contact at all times, either in person or by a nominated Visiting Practitioner approved by the hospital and are expected to visit their patients with reasonable frequency.
- 2.4 If the Visiting Practitioner is not available in the care of emergency the hospital is authorised to take such action as is deemed necessary in the interest of the patient. This may include a request for attention by an available Visiting Practitioner or transfer to another hospital. In such cases the following provisions will apply
- The Senior Registered Nurse will advise the Hospital Director or Director of Nursing of the action taken and the reason for this action
  - The patient's Visiting Practitioner will be advised of the circumstances and the action at the earliest possible opportunity
  - The patient will be returned to the care of their Visiting Practitioner or his/her deputy as soon as he/she becomes available and subsequent action will depend on the nature of the emergency and the normal processes of consultation.
- 2.5 Visiting Practitioners shall assist where possible, in cases of emergency and on request (e.g. anaesthetics) in terms of the above provisions.
- 2.6 All approved Visiting Practitioners may be required to assist and advise the hospital on clinical matters, which from time to time may arise.
- 2.7 An annual General Meeting of Visiting Medical Practitioners will be convened to which all approved Visiting Medical Practitioners will be invited in order that the membership of the Medical Advisory Committee may be elected.

### **3. MEDICAL RECORDS**

- 3.1 Medical Records are a fundamental requirement for maintaining optimum patient care. Accordingly, visiting Practitioners are required to maintain medical records with details including:
- admission particulars including administrative, clinical and consent requirements.
  - Current patient clinical status and relevant medical history
  - procedures carried out and associated findings,
  - investigations requested,
  - clarification of diagnostic status, and • management ordered or requested.
  - Recording any certificates or formal documents issued for patient care or billing purposes.
- In so doing it is the Visiting Practitioner's responsibility to ensure that all other entries in the patient's medical record are correct. A medical summary sheet shall be completed.
- 3.2 All orders and instructions for treatment shall be given in writing. Telephone orders for emergency situations may be given by the attending Visiting Practitioner to a registered nurse. The order should also be repeated to a second responsible person who will confirm by reading back the order given. The order must be written upon on the correct medical record within twenty four (24) hours.

- 3.3 Medical records (which are the property of the hospital) are to remain confidential. In so doing, it is recognised that the Visiting Practitioner attending the patient, and the hospital staff have constant access to and use of these records. Notwithstanding this, the patient has a legal right on written and duly signed application to view and receive at their cost, copies of their medical record provided that such access in no way jeopardises the patient's care nor interferes with, alters or defaces their medical record. Pursuant to inspection a signed statement by the patient can be inserted into his/her medical record.

#### **4. CONDUCT OF SURGERY**

- 4.1 All patients admitted for surgery should have adequate investigation and preparations including patient consent as may be deemed reasonable and necessary for such a case by the admitting Visiting Practitioner.
- 4.2 All tissue samples which are regarded by the Visiting Practitioner as pertinent to the diagnosis of the case or important in the treatment of the patient should be submitted for histological examination. A copy of the histopathological report shall be placed with the medical record held at the hospital.
- 4.3 Visiting Practitioners shall become familiar with the hospital's procedure relating to the use of swabs and packs and to the swab counts. This information is available from the Theatre Manager. The Visiting Practitioner remains responsible for patient identification, procedure matching and accountable items.
- 4.4 Details of surgical operations with findings and anaesthetic procedures shall be recorded in the clinical case notes.
- 4.5 The Visiting Practitioner in charge of a major surgical case should arrange for an assistant being either a suitable Visiting Practitioner or House Doctor.

#### **5. TERMINATION OF PREGNANCY**

Termination of pregnancy may only be performed according to the Statutory Laws of Victoria.

#### **6. ETHICS**

The Hospital is entitled to expect adequate and responsible standards of personal competence and professional conduct from accredited practitioners.

It is expected that the practitioner should adhere to the generally accepted ethics of professional, clinical practice both in relation to his/her colleagues and to the patients under his/her care and observe the general conditions of clinical practice acceptable in the hospital.

#### **7. CLINICAL REVIEW**

The Hospital has an ongoing program of clinical review and peer review in the interests of maintaining institutional and/or professional standards. These processes involve Visiting Practitioners as well as internal systems.

# Patient Information and Consent to Medical Treatment

## POLICY STATEMENT

1. A patient needs to give consent in broad terms before undergoing a procedure or treatment which includes clinical and financial consent. This is to avoid an action for assault and battery.
2. A patient needs to be informed of the material risks associated with a procedure or treatment. This is good practice and a practitioner who fails to provide this information before a patient undergoes a procedure risks an action for negligence.
3. The above is the responsibility of the attending Visiting Practitioner.
4. No operation, procedure or treatment may be undertaken **without** the consent of the patient. Adequately informing patients and obtaining consent in regard to an operation, procedure or treatment is both a specific legal requirement and an accepted part of good medical practice.
5. Consent to the general nature of a proposed operation, procedure or treatment must be obtained from a patient. Failure to do this could result in legal action against a practitioner who performs the procedures for assault and battery.
6. Consent is not required where immediate treatment is necessary to save an adult person's life or to prevent serious injury to an adult person's health where the person is unable to consent - subject to there being no unequivocal written direction by the patient to the contrary.
7. In an emergency situation where a person aged 16 years or under is unable to consent. A guardian, a person responsible or the Guardianship Board may be authorised to give consent on behalf of the patient in accordance with the provisions of the Guardianship Act 1987.
8. Specific arrangements apply for the obtaining of consent from a parent or guardian of a child patient.
9. Consent of the patient is not required for treatment, which is authorised by an order of a Court.
10. In an emergency where the patient is unable to give consent and the treatment is required immediately, the procedure/treatment may be carried out in the absence of consent.
11. The Melbourne Eastern Private Hospitals policy is that written consent using standardised consent forms:

|         |              |
|---------|--------------|
| Consent | General      |
| Consent | Guardianship |
| Consent | Financial    |
12. Administrative and nursing staff cannot be delegated the task of informing a patient about the material risks of an operation, procedure or treatment and obtaining consent, consent is required to be documented and in writing in accordance with the policy of The Melbourne Eastern Private Hospital.

13. In addition to meeting the requirements for obtaining a valid consent, the patient must be provided by the medical practitioner with sufficient material information for there to be a genuine understanding of the nature of the operation, procedure or treatment.
14. A new consent form must be obtained or the patient is asked to affirm their previous consent if a new admission episode or if there is a change in admission type.
15. A patient **will not** have been administered pre-medication without a consent form having been completed.

## **Visiting Practitioner Duty of Care**

1. As a general rule, all patients have a choice as to whether or not to undergo a proposed procedure operation or treatment. Whilst a patient might consent to a procedure once he/she has been informed in broad terms of the nature of the procedure, this consent will not amount to the exercise of choice unless it is made on the basis of relevant information and advice.
2. Patients must also be provided with sufficient information about the condition, investigation options, treatment options, benefits, possible adverse effects or complications, and the likely result if treatment is not undertaken in order to be able to make their own decision about undergoing an operation, procedure or treatment.
3. A medical practitioner has a legal duty to warn a patient of a material risk inherent in the proposed treatment. Failure to do so may be a breach of the practitioner's duty of care to the patient and could give rise to legal action for negligence.
4. Patients have a legal right to refuse treatment.