(TMEPH) The Melbourne Eastern Private Hospital

BY-LAWS

[Hospital By-Laws and guidelines for Visiting Practitioners (VP)]

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.

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TABLE OF CONTENTS

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 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 share 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 Pty. Ltd. (MHC). It is operated and managed in the Macquarie Hospital Group (MHG) division.

Interpretation

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

Hospital

The Melbourne Eastern Private Hospital operating at 157 Scoresby Rd, Boronia in the state of Victoria under the authority of a license 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 (Corporate/Company, not Hospital Director)

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

Corporate Hospital Operations Manager (HOM) means a person appointed to assist in the management of Macquarie Hospital Group.

1.0 Interpretation Defined

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

1.1 Macquarie Hospital Group (MHG)

The hospital operating division of Macquarie Health Corporation.

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 Hospital Operations Manager(s)

Corporate manager(s) appointed by the Governing Body to oversee the operation of the Macquarie Hospital Group 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 Meeting (DMM)

Meetings held for specific Divisional Managers across the group. i.e. Theatre, Clinical Services Manager's (CSM), Administration Managers and Allied Health Managers.

1.10 Hospital Director (HD)

The person appointed by the Board to that position and in the absence of that person the delegated 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 of NSW 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 in regards to contracts, major equipment, considering both purchases and repairs;
- be responsible for the management of the security and safety for all patient care provided by the hospital, its facilities, staff and resources, to acceptable standards in accordance with the policies and directives of the Senior Management Committee and Corporate.
- 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 case mix 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 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. i.e. Theatre Managers, CSM's, Administration Managers etc.

1.15 Senior Management Meeting (SMM)

A Committee meeting attended by at least one Executive, Corporate Operations Manager, the Hospital Director, Director of Nursing/Clinical Services Manager, Theatre 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 Hospital 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 Improvement Programs of the hospital by involvement in:
    - clinical meetings
    - peer review
    - analysis of clinical outcomes of care
    - participate in education program of the hospital
- **e.** assists appropriately for the hospital to fully comply with Accreditation to the National Safety and Quality Health Service (NSQHS) Standards.

1.19 Visiting Healthcare Provider (VP)

A Healthcare practitioner other than Doctor or Dentist is appointed by the Hospital and credentialed by the Medical Advisory Committee to perform work in their specialty at [xxx] 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
- Dentist
- Healthcare Provider

2.2 Appointment of Visiting Practitioners (VP)

All appointments to the position of Visiting Practitioner shall, unless otherwise determined by the Hospital, 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. The Credentialing process is outlined in MHG/GOV/012 Credentialing Policy.

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 Hospital.
- Following a determination of its recommendation the Medical Advisory Committee shall forward such recommendation to the Hospital Director.
- The Hospital Director shall make a final determination as to the application with support from the Corporate Hospital Operations Manager.
- Within 7 days of arriving at its decision, the Hospital Director 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, the applicant shall have the rights of appeal set out within these By-Laws.

2.5 Conditions of Appointment

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

- comply with the provision of the Private Hospital and Day Procedures Centres 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 and policies of the Hospital, the recommendations of the Medical Advisory Committee;
- Provide relevant sufficient and appropriate information for each patient on or prior to admission to enhance patient safety and the quality of the practitioners service.
- take all reasonable steps to ensure that adequate and robust Clinical Records are maintained for all patients under his/her care and that following discharge of each patient the Hospital Clinical Record is completed on discharge subject to reports outstanding, including a Discharge Summary that is completed by the Visiting Practitioner at the time of discharge.
- 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 Quality Improvement 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 maximise 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 utilised.
- 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 Senior 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 service’ is determined by 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. Scope of Practice is outlined in MHG/GOV/020.

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 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 Hospital Director and Corporate Hospital Operations Manager.
5. The Hospital Director and Corporate Hospital Operations Manager shall then consider the relevant recommendations concerning the application and, on reaching its decision, it shall, within 7 days, communicate its decision to the Visiting Practitioner.
6. The Hospital Director, may at any time, direct the Medical Advisory Committee 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 shall make a decision 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 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 Hospital Director 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 By-Laws.

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 Hospital Director.

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 an Executive of the MHG, the Hospital Director and Corporate Hospital Operations Manager assisted by the Medical Advisory Committee. This group 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 Hospitals 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 Executive 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 hospital Senior Managers.
- A nominee requested of a recognised association e.g., Australian Medical Association or appropriate Learned College.

3.0 EXECUTIVE STAFF

3.1 The Board shall appoint a Corporate Hospital Operations Manager who shall be responsible to the Board for the management and superintendence of the Macquarie Hospital Group, 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 Hospital Operations 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 Hospital Operations 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 [New South Wales/Victoria].
4. The Hospital Director will be responsible to the Corporate Hospital Operations Manager of Macquarie Hospital Group for the activities in 3.1 on a day-to-day basis.

4.0 COMMITTEES OF THE HOSPITAL

- Senior Management Meeting (SMM)
- Divisional Management Meeting (DMM)
- Medical Advisory Committee (MAC)
- Operational Management Meeting (OMM)
- 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 to the Corporate Hospital Operations Manager and each participant not less than 2 days prior to the meeting or otherwise if a routine Period meeting.

Prior to each SMM all attendees will be provided with:

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; and
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 and/or Executive Director and Deputy Chief Executive
- Corporate Hospital Operations Manager
- Hospital Director and/or Director of Nursing
- Clinical Services Manager (Ward, Rehabilitation)
- Theatre Manager (applicable hospitals)
- Administration Manager
- Allied Health Manager
- Other approved attendees by the SMM

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. The three members must include one corporate representative to meet quorum.

5.3 Terms of Reference for the Senior Management Meeting

The Terms of Reference for the SMM are outlined in MHG/GOV/024.

5.4 Special Meetings of the SMM

A special meeting of the SMM shall be called by the Corporate Hospital Operations Manager (HOM):

- At the direction of the HOM
- Within 48 hours of receipt by the Corporate Hospital Operations 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 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.

6.1 VP Timely Billing Certificates including 3B (Acute Care) and Rehabilitation Certificates It is vital that VPs must be proactive as much as possible to ensure patient billing procedures are not held up during the course of their hospital care. This is essential in all hospitals with private patient billings. In medical or rehabilitation categories of patients 3B Acute Care Certificate and Rehabilitation Certificates may be required. Accordingly these can mostly be anticipated before any due date and appropriately completed by the VP in anticipation of need. Should there be other reasons such as pathology reports for surgical patients then they must be made available ASAP.

7.0 MEDICAL ADVISORY COMMITTEE (MAC)

There shall be established a Medical Advisory Committee to be known as the 'Medical Advisory Committee'. The Terms of Reference for the Medical Advisory Committee are outlined in MHG/GOV/015. Guidance for the structure of the MAC is provided in MHG/GOV/014.

The MAC is to be elected at least every three years by a General Meeting of Visiting Practitioners (VP).

7.1 Role of the Medical Advisory Committee The Medical Advisory Committee shall:

- Consist of at least five licensed medical practitioners with a minimum of one medical practitioner who does not have a pecuniary interest in the facility.
    - The medical practitioner's appointed disciplines should match the licensed classes
    - Once approved, the medical practitioner's names and professional qualifications will be provided to the Ministry of Health / Department of Health and Human Services
- Once the minimum requirements are met, other medical practitioners may be invited to attend as per the facilities requirements.

The Medical Advisory Committee is responsible for:

- Advising the hospital on clinical practice and offering guidance with improvement opportunities
- Advising the hospital on matters relating to patient care and safety by reviewing quality and improvement data

The advisory role of the MAC is highly respected by the hospital. If at any time the MAC chair and/or MAC members believe that their voice is not being heard at a local level, they are encouraged to escalate these concerns to the Board. If the MAC chair and/or MAC members identify repeated failures by the hospital to act on patient safety failures, the MAC is required to report this to the Ministry of Health / Department of Health and Human Services.

The agreed role of the MAC is further outlined in MHG/GOV/015 Medical Advisory Committee (MAC) Terms of Reference

7.2 Structure of the Medical Advisory Committee

- The [TMEPH] 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 and Deputy Chairman; 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.

7.3 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 MHG Executive.
- Preside at and approve the agenda of all meetings of 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.
- 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.

7.4 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.

7.5 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 Hospital Director. Written notice of each Ordinary Meeting together with a copy of the agenda and meeting pack for that meeting shall be issued to all members 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.

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.

7.6 Quorum and Proceedings

Quorum for a meeting of the MAC is a minimum of half the membership of the committee. At least one member from the Corporate team is to be present to meet quorum. In person attendance is preferred but teleconferencing options can be considered with special circumstances.

Minutes shall be distributed to all attendees within seven days of the meeting.

7.7 Accreditation and Credentialing

At each Medical Advisory Committee meeting, there is a standing Agenda item to discuss the Credentialing of Visiting Practitioners. Those members of the Medical Advisory Committee present at each meeting review the submitted applications.

7.7.1 Credentialing Process

A minimum of two medical practitioners (preferably the MAC Chair and a representative of the same discipline) review the credentialing applications with

the Hospital Director. The Hospital Director has the authority to grant temporary privileges until the next MAC is convened.

Full details of the credentialing process is outlined in MHG/GOV/012 Credentialing Policy

7.7.2 Appeals

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

8.0 GENERAL PROVISIONS

8.1 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.

8.2 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

There 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.

8.3 Programs for Visiting Practitioners

Some programs within the hospital will be made available to Visiting Practitioners at the behest of Hospital management. These will be in accordance with these By-Laws and relevant Codes of Conduct as they apply to Clinicians in Hospitals.

8.4 Open Disclosure Policy

The Macquarie Hospital Groups Open Disclosure is outlined in MHG/GOV/008.

8.5 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 Board.

8.6 Insurance

Defamation in relation to the participation by Visiting Practitioners and people 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, social media or multimedia format.

8.7 Revision

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

Guidelines for Visiting Practitioners

1.0 USE OF THE HOSPITAL

These By-Laws are subject to be revised and amended at the discretion of the Board. 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 twentyeight (28) days of such amendment.

1.1 Any registered Health Practitioner is eligible to use the Hospital subject to his/her observing the provisions of the Hospital By-Laws.

1.2 Any Health 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 ByLaws.

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 The Visiting Practitioner will immediately advise the Hospital if there is any change to their registration with AHPRA or they cease to be covered by a medical indemnity policy.

1.5 All appointments will be subject to review by the Medical Advisory Committee, each triennium.

1.6 The Medical Advisory Committee may withdraw permission for the use of the Hospital at its discretion.

1.7 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.

1.8 Any Visiting Practitioner engagement with the Hospital regarding actions/agreements in sharing fees, then the Visiting Practitioner must promptly pay the Hospital on receipt of payment to them of any fees owing to the Hospital.

2.0 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 Visiting Practitioner who is approved to use the hospital. Such action is to be confirmed in writing as part of the medical record.

2.2 The Visiting Practitioner must see their patient within twenty-four hours of admission to the Hospital.

2.3 A Visiting Practitioner must document in the medical record every one of their patient contacts to maintain an accurate medical record and ensure the provision of safe patient care.

2.4 Discharge of a patient may be authorised only by the attending Visiting Practitioner or some other Visiting Practitioner acting on his/her behalf.

2.5 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; at least every two or three days or more frequently as required, at a time that is acceptable to the hospital.

2.6 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.

2.7 Visiting Practitioners shall assist where possible, in cases of emergency and on request (e.g. anaesthetics) in terms of the above provisions.

2.8 All approved Visiting Practitioners may be required to assist and advise the hospital on clinical matters, which from time to time may arise.

2.9 All Visiting Practitioners are required to complete discharge summaries (at the time of discharge) and relevant certificates relating to hospital stays and patient needs in order to justify hospital fees where required by the hospital.

2.10 In the event of a serious adverse patient safety event, Visiting Practitioners will be required to hold an open disclosure meeting with the patient and/or family members within 24 hours of the event. A Visiting Practitioner may also be asked to join a Serious Adverse Event Review (SAER) - NSW or support the Statutory Duty of Candour – Victoria process by lending their expertise to the incident review.

2.11 A three yearly General Meeting of Visiting Practitioners will be convened to which all approved Visiting Practitioners will be invited in order that the membership of the Medical Advisory Committee may be elected.

3.0 MEDICAL RECORDS

3.1 Medical Records are a fundamental and legal 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 including reasons for the admission

- 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 legible, clear and correct.

3.2 All orders and instructions for treatment and patient care shall be given in writing. Telephone orders for emergency situations may be given by the attending Visiting Practitioner to a registered staff nurse. The order should also be repeated to the second person responsible 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.

3.4 Medical Records may be in physical hard copies or on an electronic platform with controlled access that ensures privacy and security of its content unless duly authorised for viewing or copying.

4.0 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.

5.0 TERMINATION OF PREGNANCY

Termination of pregnancy may only be performed according to the Statutory Laws of [New South Wales/Victoria].

6.0 ETHICS

The Hospital is entitled to expect adequate and responsible standards of personal competence, image 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.

7.0 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

1.0 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.

2.0 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.

3.0 The above is the responsibility of the attending Visiting Practitioner.

4.0 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.

5.0 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.

6.0 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.

7.0 Consent is not required where immediate treatment is necessary to save an person's life or to prevent serious injury to an person's health where the person is unable to consent - subject to there being no unequivocal written direction by the patient to the contrary.

8.0 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.

9.0 Specific arrangements apply for the obtaining of consent from a parent or guardian of a child patient.

10.0 Consent of the patient is not required for treatment, which is authorised by an order of a Court.

11.0 The Melbourne Eastern Private Hospital's policy is that written consent using standardised consent forms:

Consent	General
Consent	Guardianship
Consent	Financial

12.0 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.

13.0 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.

14.0 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.

15.0 A patient will not have been administered pre-medication without a consent form having been completed.

Visiting Practitioner Duty of Care

1.0 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.

2.0 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.

3.0 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.

4.0 Patients have a legal right to refuse treatment.

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