THE MALVERN
PRIVATE HOSPITAL

BY-LAWS

For
Visiting Practitioners (VP)

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By-Laws for Visiting Practitioners

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THE MALVERN PRIVATE HOSPITAL

The Malvern Private Hospital is a fully accredited Drug and Alcohol Rehabilitation Private Hospital. Malvern Private Hospital (MPH) is part of Macquarie Health Group (MHG).

HOSPITAL GOVERNANCE

MHG Board delegates day-to-day needs to the Senior Manager Meeting and this is actioned by the MPH leadership team. The Hospital Director, Inpatient Services Manager, Therapy Manager and Administration and Support Services Supervisor make up the leadership team of Malvern Private Hospital.

GOVERNANCE ISSUES:

The governing body should ensure: -

a) Strong leadership in safety and quality;
b) Comprehensive governance systems;
c) Clearly defined delegated authority;
d) Independence of processes;
e) Systematic reports on performance;
f) Transparency and accountability; and
g) Involvement of consumers and communities.
h) Review and audit processes for all reporting purposes

ORGANISATIONAL ISSUES

The organisation should ensure:-

a) Visiting Practitioners (VPs) agree to comply with the MHG Credentialing Policy
b) VPs and management have a clear understanding of the clinical need and capability of the organisation.
c) Appropriate mentoring and professional support and review is provided for the practitioner's clinical practice.
d) Compliance at all times with the Standards/Legislation.
e) Maintenance of comprehensive patient records;
f) Appropriate indemnity insurance for credentialed practitioners and credentialing committee members.
g) VP's fully record in the Medical Record details of patient consultation or groups to ensure accuracy of coding for billing purposes.

BY-LAWS FOR VISITING PRACTITIONERS (VP):

The following By-Laws have been drawn up to help the staff and visiting practitioners, of the hospital to establish guidelines for optimum patient care.

WHY?

a) Health care facilities are not allowed to permit the VP to work without appropriate credentialing and defining their scope of clinical practice.
b) All information must be verified.
c) Prior to re-appointment, every VP is subject to re-evaluation by members of MAC and Hospital Management.
d) Credentialing exists to serve patients by enabling hospitals to ensure/appoint qualified VPs.
e) Defining the scope of clinical practice exists to ensure the delivery by qualified VPs of safe and quality health care.

MEDICAL ADVISORY COMMITTEE:

The Medical Advisory Committee (MAC) which is elected by Visiting Practitioners and is the advisory group to the. The Medical Advisory Committee has a representative from each area of practice. For Malvern Private that means for example: -

- Addiction Medicine Specialists
- Psychiatrists
- General Practitioners with AOD interest/qualification

The MAC is a peer group with the clear objective of ensuring an acceptable professional working environment, in all respects, is maintained for the benefit of patients, Visiting Practitioners and the Hospital.

STRUCTURE OF THE MEDICAL ADVISORY COMMITTEE (MAC):

a) The Medical Advisory Committee (MAC) shall consist of appointed and/or elected Visiting Practitioners that represent the hospitals clinical departments.
b) The MAC shall elect office bearer to the position of Chairman/Hospital Medical Director, Office Bearers of the Medical Advisory Committee (also known as the Medical Executive) shall be elected for a 3-year term of office.
c) The number of office bearers is to be no less than 3.
d) Three 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.
e) Ordinary meetings of the Medical Advisory Committee shall be held every 4 months at a time and place to be determined by the MAC. The members of this meeting can call an extra meeting as required. The members of this meeting meet weekly as the Incident Command Group (ICG) on a Tuesday and/or Thursday for any interim matters.
f) As part of the standing agenda items, the MAC shall consider patient feedback data, issues of safety and quality, carry out a review of incidents and audits and agenda items for discussion ensuring compliance with National Safety and Quality Health Service Standards (NSQHSS) requirements.
g) The MPH MAC works within the MHG terms of reference for Medical Advisory Committee
h) Actions and outcomes from this committee are minutes and shared to the SMM committee via the Hospital Director.

USE OF THE HOSPITAL – INITIAL CREDENTIALS:

a) Any registered Visiting Practitioner (Medical Practitioner or Allied Health Practitioner) is eligible to apply to use the facilities of the Hospital. After completing the application form and the Hospital Director has received evidence of registration with the AHPRA / PACFA (i.e. Register of Practitioners)
b) Medical Indemnity Insurance and evidence of any appropriate professional fellowship or membership.
c) Two written references are also to accompany the application form. Referees should be telephoned by the Hospital Director or the Chair of Medical Advisory Committee or delegate to verify their credentials.
d) Proof of current Medical Board Registration and Medical Indemnity Insurance must be submitted annually and evidence of recognition as a Specialist Practitioner (if appropriate) must be submitted annually.
e) A national Police Check for local members and also an International Police Check for those more recently credentialed in last five years to AHPRA.

f) All visiting privileges will be subject to review by the Senior Management Committee and Medical Advisory Committee each triennium.
g) The committee should review both the clinical services being requested by the medical practitioner, including objective performance data and references. Once the review is complete, the Committee should determine if the services will benefit the patient population and are within the organisation's service needs and capacity before making any recommendations.
h) The Senior Management Committee in conjunction with the Medical Advisory Committee's Chairman may withdraw permission for the use of the Hospital at its discretion.
i) These By-Laws are subject to revision biennially or as required by the SMM or MAC. Amendments may be discussed by the Medical Advisory Committee with recommendations to the Senior Management Meeting for consideration and if felt appropriate, acceptance. Copies of the By-Laws and amendments are available from the Hospital Director. The use of the Hospital by a Visiting Practitioner is subject to his/her observing the By-Laws of the Hospital and adhering to them.
j) All Visiting Practitioners will receive on commencement a copy of the

   By-Laws and will be notified of all formalised amendments within 28 days of such amendments.
k) Reapplication is required every 3 years.

TEMPORARY CREDENTIALITY:

The Chairperson of the Medical Advisory Committee in conjunction with the Hospital Director may give temporary permission for Visiting Practitioner rights. Thereafter following approval by the Medical Advisory Committee (MAC) and the Senior Management Committee (SMM), the name of the Visiting Practitioner will be added to the Visiting Practitioner Register and provided full credentialing to practice at MPH.

VP CLINICAL RESPONSIBILITIES:

a) The Visiting Practitioner consulting the patient will be regarded as responsible for the care of the patient until such time as the Hospital Director/Clinical Services Manager 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.
b) All patients and or nominated legal guardian are required to sign an approved document for informed consent for all procedures or treatment. This is the responsibility of the attending Medical Officer.
c) Discharge of a patient may be authorised only by the attending Visiting Practitioner or some other Visiting Practitioner acting on her/his behalf. In the case of an unplanned discharge, the nurse in charge will discuss the patient choice with doctor on site or on call, prior to the patient leaving the facility.
d) Visiting Practitioners admitting patients to the Hospital must see their patients within 24 hours of admission and be available for contact at all times, either in person or direct telecommunications or by the nominated Visiting Practitioner approved by the Hospital.
e) Visiting Practitioners shall assist where possible, in the cases of emergency and on request, in terms of the above provisions.
f) All approved Visiting Practitioners may be required to assist and advise the Hospital on clinical matters which from time to time may arise.
g) Leave to be notified. If an accredited Practitioner wishes to take a period of leave of absence, he or she will give reasonable notice to the Hospital Director.
h) If leave is taken, whether short or long term, the VP is obligated to nominate an equivalent practitioner to care for necessary patients.

CHANGING, EXTENDING OR REDUCING THE SCOPE OF CLINICAL PRACTICE:

When a medical practitioner wishes to extend or alter their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice. Changes must align with the 'Requirements for medical practitioners who are changing their scope of practice' in the Medical Board of Australia's Registration Standard – Regency of Practice.

The credentialing and scope of the medical Advisory Committee must be provided with the following information:

- the change to the scope of clinical practice requested
- additional procedural qualifications or experience related to the requested change
- for non-employed medical practitioners treating private patients in a public hospital: medical indemnity insurance information, ensuring the cover reflects the requested change to the scope of practice
- Current registration in all fields requested credentialing for through AHPRA
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated.

The health service board, or the highest level of governance, is responsible for confirming that the requested changes fit with the needs and capability of the health service. In line with relevant capability frameworks, the scope of clinical practice of a senior medical practitioner at a health service may be reduced.

The scope of clinical practice may also be reduced if, for example, underperformance has been identified, or if the MAC and/or Hospital Senior Management or the credentialing and scope of clinical practice committee (or equivalent) determine that the requirements for relevant CPD have not been met or the VP has not complied with these By-Laws.

When this occurs, the Hospital Director (or highest level of governance) or the Medical Advisory Committee (MAC), must notify the practitioner in writing and advise the VP of their future admitting rights and obligations, ideally with a minimum of four weeks' notice.

A practitioner may wish to change to a subset of their current practice – that is, narrowing their scope of practice. They must formally advise the credentialing and scope of practice committee (or equivalent). The committee, together with the hospital (or highest level of governance) must then consider the effects of the reduction on the Hospital Director and decide if an alternative source of the previously provided services is required.

PROTOCOLS FOR MANAGING PATIENTS – Medical:

This section MUST be read in conjunction with Malvern Private Hospital's governance and procedure manual ***Medical Staff Roles and Responsibilities Policy and Procedure and Scope of Clinical Practice*** which streamlines the processes of medical reviews and articulate the roles and responsibilities of medical staff working at the facility.

If Visiting Practitioners are not available in the case of any 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 Registered Nurse will advise the Hospital Director or Inpatient Services Manager of the action taken and the reason for this action.
- The action will be recorded and reviewed by management in RiskClear
- 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 process of consultation.

VP Scope of Practice:

It is essential that all VPs who have independent responsibility for patient care at MPH are appropriately credentialed and have their scope of clinical practice defined in accordance with their level of skill and experience, and the capability and need of MPH.
Defining the scope of practice follows on from credentialing and involves delineating the extent of an individual VP's clinical practice within MPH, based on the individual's credentials, competence, performance and professional suitability, and the needs and the capability of MPH to support the medical practitioner's scope of clinical practice.
For a comprehensive guidance on scope of practice, these by-laws must be read in conjunction with the Department of Health and Human Services' ***Credentialing and defining the scope of clinical practice for medical practitioners (2011)*** and ***partnering for performance – a performance development and support process for senior medical staff (Department of Health 2010).*** Links to the documents are here:
https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/credentl1.pdf

https://www2.health.vic.gov.au/about/publications/policiesandguidelines/partnering-performance

CLINICAL INCIDENTS & VP's:

It is an obligation of VPs to cooperate fully in any SAPSE, Root Cause Analysis and college peer review as outlined in the MHG Governance and Risk Framework.

VP HOSPITAL ASSISTANCE:

a) The Hospital can only stay in the business of supporting Visiting Practitioners provided all Visiting Practitioners recognise their direct impact on the costs and staffing of the Hospital. In so doing it is essential that Visiting Practitioners independently understand the method and amount of payment of rebates by Health Funds.
b) Risk Management is assured by improved prevention methods involving clinical, operational, communications and a good working understanding of Hospital pressures in all areas, not just legal issues.
c) Cost pressures can often be linked to Visiting Practitioner performance and attitudes. Accordingly, it is the responsibility of the Visiting Practitioner to always minimise costs where they can. Suggestions to minimize costs are always appreciated and considered.

MEDICAL RECORDS/PATIENT HEALTH INFORMATION:

a) The Hospital requires a certain standard of documentation in order to provide good and acceptable standards of patient care, and in order to meet Department of Health legal requirements.
Visiting Practitioners are therefore expected to give high priority in this regard. The provision of full and accurate details on and after admission of all aspects relevant to the care of patients including clinical history and to provide clear and accurate instructions

regarding medication and treatment. Medical Orders must be **written legibly**, signed and dated, as required by the Hospital and by the Laws of the State.

b) All orders and instructions for treatment shall be given in writing. Telephone orders may be given by the Visiting Practitioner only to a Registered Nurse and repeated to a second responsible person who will confirm by reading back the order given. The order must be written up and signed on the correct medical record by the Visiting Practitioner within 48hours or on the practitioners next site visit.

c) 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 will have constant access to these records.

d) The patient has a legal right on written and duly signed application to view their medical records provided that such access in no way jeopardises the patient's care nor interferes with, alters or defaces their medical records. Patient may have access to their record if the Visiting Practitioner is agreeable. A copy of the patient file will be sent to their nominated registered general Practitioner or medical officer to allow the patient support and safety while reviewing the record.

e) Where certificates are required for any purpose then the Visiting Practitioner is obligated to complete them on time and ensure its contents match details in the patient medical record.

ETHICS:

a) The Malvern Private Hospital is entitled to expect adequate and reasonable standards of personal competence and professional conduct from accredited Practitioners.

b) 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.

CLINICAL REVIEW:

The Malvern Private Hospital is committed to quality and thus has an ongoing program of clinical review, in the interests of maintaining institutional and/or professional standards. These processes involve Visiting Practitioners who may be required to participate from time to time. Refer to the MHG Credentialing Policy.

CONSENT:

Patient information and Consent to Medical Treatment Policy Statement

1. A patient needs to give written informed consent before undergoing a procedure or treatment – this is to avoid an action for assault and battery, on admission a patient consent to
   - Contract of treatment
   - Consents to disclose to nominated practitioners
   - Consents to case conference discussion regard treatment by MDT
   - Medication reconciliation and return to pharmacy
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. Responsibility for the above is the attending medical officer. Administrative and Nursing Staff cannot be delegated the task of informing a patient about the material risk of a procedure or treatment and obtaining consent.
4. No 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.

'VALID' CONSENT:

The Malvern Private Hospital's policy is that written consent using the standardised consent forms are to be sought for **all admissions**.

1. Any treatment where there are known significant risks or complications.
2. Clinical care requiring hospitalisation.

However, the ***criteria for obtaining a valid consent must still be met*;** the procedure or treatment must still be explained to the patient which is supported by an entry in the clinical record – integrated notes.

DISCLOSURE OF PECUNIARY INTERESTS:

SPECIFIC DISCLOSURE:

A member of a Hospital Committee or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest:

- In a matter that has been considered or is about to be considered at a meeting, or
- 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.

GENERAL DISCLOSURE:

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

a) Is a member, or is in the employment of a 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 disclosure.

OPEN DISCLOSURE POLICY:

The Malvern Private Hospital's Statutory Duty of Candour program is conducted component of the MHG Risk management Framework. The Hospital Director through the Senior Management 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 Senior Management Committee Recommendations.

Every Visiting Practitioner to Malvern Private Hospital MUST be familiar with the latest guidelines on Statutory Duty of Candour. The latest document on this can be found here: https://www.safercare.vic.gov.au/sites/default/files/2022-0/Victorian%20Duty%20of%20Candour%20Framework%20-%20FINAL.docx

PERSONAL COMMUNICATIONS DEVICES (PCD):

In order to maximise patient care and safety, the use of Personal Communication Devices in the hospital must be limited while attending patients unless directly related to patient care.

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 is to prevent unnecessary cost burdens on the hospital without due consideration as to the merits of such a request.

On-CALL ROSTER:

VP's are expected to make themselves available for the on-call roster if required. If the doctor is unavailable for a scheduled shift, it is their responsibility to ensure an alternate doctor is available. For guidance on the allocation of admission, attending and after hours on-call duties.

APPEALS MECHANISM / SUSPENSION OF RIGHT TO PRACTICE:

a) Any Visiting Practitioner may appeal or request review of status, regarding visiting rights and clinical privileges. Such a review will be conducted by the Senior Management Committee assisted by the Medical Advisory Committee. The Senior Management Committee may also refer to other bodies or parties. Any request for review should be directed to the Chairman of the MAC. Organisations 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.
   - A 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

c) 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.

d) 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 Senior Management Committee.

- A nominee requested of a recognised association e.g., Australian Medical Association or appropriate Learned College.

TERMINATION OF APPOINTMENT:

Accreditation for Clinical Privileges to admit patients to the Hospital is an “at will "relationship between the Hospital and the Visiting Practitioner. This relationship is not guaranteed and is
able to be suspended or terminated upon written notification, without notice, and for any reason, by either party.

Notwithstanding, the following situations will result in immediate suspension or termination of Clinical Privileges after notification by the Hospital Director to the MAC Chairman and/or a member of Corporate Management:

a) An appointment will be immediately terminated if an Accredited Visiting Practitioner ceases to be currently registered with AHPRA.
b) Clinical Privileges may be suspended or terminated should a Visiting Practitioner become incapable of performing his or her duties, or acting in an unprofessional way that is considered, by the Hospital, to be detrimental to patients or staff and the wellbeing of the Hospital.
c) The appointment of a Visiting Practitioner may be at any time suspended or terminated by the Hospital Director and/or a member of Corporate Management where the Visiting Practitioner fails to reasonably observe the terms and conditions of his or her appointment as a Visiting Practitioner within the Terms of the By Laws herein or is judged guilty of professional misconduct or unsatisfactory professional conduct.
d) Clinical Privileges may be suspended or terminated should a Visiting Practitioner be party to a significant clinical incident resulting in the involvement of the MAC or its delegates which results in the MAC determining an appropriate cause of action.
e) In the event of the Visiting Practitioner's Clinical Privileges being suspended or terminated then the Hospital Director will work together with the Visiting Practitioner to ensure the safe transfer of patient care of any of their currently admitted patients in the Hospital to a suitably qualified Visiting Practitioner. If the Visiting Practitioner is unavailable and/or unwilling or unable to confer with the Hospital Director to ensure the safe management of their patient through discharge or transfer of patient to another Visiting Practitioner or facility for their management, the Hospital Director will notify the MAC Chairman for further instruction and will consult together with Corporate Management to achieve a safe outcome for the afore mentioned patients.

These By-Laws must be read in conjunction with Federal and State Laws, The Private Health Facilitates Regulation 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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Safer Care Victoria – Credentialing and Scope of Clinical Practice for Senior Medical Practitioners Victoria Policy.
https://www.bettersafercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy

Macquarie Health Group Policy Credentialing

Governance:

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Subcategory	Partnering with Consumers		
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References			
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