

BY LAWS AND PROFESSIONAL GUIDELINES FOR MEDICAL PRACTITIONERS

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PART 1 – DEFINITIONS AND INTERPRETATION

Definitions and Interpretation

In the By-Laws, unless indicated to the contrary:

“Appointment” means the formal process of granting an applicant for appointment as a Visiting Medical Officer or a Visiting Allied Health Professional the right to be a Visiting Medical Officer or a Visiting Allied Health Professional and establishing the Clinical Privileges, as the case may be, to be granted to the applicant.

"Board" means the Directors of Fertility Control Clinic.

"By-Laws" means these By-Laws.

“Chairman” means the Chairman of the Board.

“Clinical Privileges” means the entitlement to admit patients to the day procedure centre and provide medical care and treatment to patients or provide medical care and treatment to patients already admitted to the day procedure centre within clinical fields approved by the Board in accordance with the provisions of the By-Laws.

“Competence” means, in respect of a person who applies for Appointment as a Visiting Medical Officer or Visiting Allied Health Professional, that the person is possessed of the necessary aptitude in the application of knowledge and skills in interpersonal relationships, decision making and the performance necessary for the clinical privileges or allied health privileges for which the applicant has applied .

“Credentials” means, in respect of a practitioner, the practitioners’ education, formal qualifications, training, college memberships and professional experience and Competence.

“Credentialing” means collecting verifying and assessing information concerning practitioners’ education, formal qualifications, training, college memberships professional experience and competence in terms of practitioners’ ability to provide treatment and care for patients to the standard required by the day procedure centre, and suitability to be appointed as Visiting Medical Officers. Practitioners who do not provide evidence of graduation from a recognised school of medicine, registration under the Medical Practice Act 1994 (as amended), including specialist registration where appropriate, the completion of graduate training and other formal instruction or supervised training, experience in terms of procedures performed and/or patients treated, and the outcome of those procedures and/or treatment, at least two professional referees and professional indemnity history and status, with any application for appointment as a Visiting Medical Officer under the By -Laws will be deemed not to have suitable credentials.

“Re-Credentialing” Re-credentialing occurs at regular intervals every 3 years to review the experience and performance of senior medical staff. It ensures ongoing competence and suitability. [The process includes re-verifying qualifications, experience, and professional attributes](#) .

"Director of Medical Services" means the Director of Medical Services of the East Melbourne Day Procedure Centre (EMDPC) and any person acting, or delegated to act, in that position.

"Practice Manager" means the Practice Manager of the EMDPC and any person acting, or delegated to act in that position.

"Medical Practitioner Appointments Committee" means the credentialing and committee for the EMDPC established under these By-Laws.

"Medical Register" means the EMDPC's register of Visiting Medical Officers.

"New Procedure" means a procedure not previously performed in the EMDPC by any Visiting Medical Officer or a process for carrying out procedures performed by Visiting Medical Officers in the EMDPC which has not previously been used in the EMDPC.

"New Technology" means medical or surgical equipment or machinery not previously used in the EMDPC to provide treatment or care to patients in the EMDPC.

"Patient" means a patient admitted to the EMDPC by a Visiting Medical Officer to the EMDPC pursuant to the By-Laws as a Visiting Allied Health Professional.

"Practitioner" means a person registered under the provisions of the *Medical Practice Act 1994 (as amended)* to practice medicine in Australia.

"Principal Practitioner" means a Visiting Medical Officer who admits a patient and is primarily responsible for that patient during the term of that patient's admission to the EMDPC.

"Scope of Practice" defining the scope of clinical practice:

follows on from credentialing and involves delineating the extent (scope) of an individual practitioner's clinical practice within a particular organisation based on:

- the individual's credentials, competence, performance and professional suitability, the needs of the EMDPC and its capability to support the practitioner's scope of clinical practice.

A practitioner's scope of clinical practice can be separated into:

- routine scope of clinical practice (core scope of clinical practice) based on qualifications, professional awards and statements of competency from relevant education and training bodies such as a professional college in a speciality or sub-speciality area of practice
- scope of clinical practice requiring specific credentialing (specific scope of clinical practice) based on additional training, the introduction of new clinical procedures, equipment or where any other significant change in practice occurs

"Visiting Medical Officer" means a medical practitioner, who is not an employee of the EMDPC, who has been granted Visiting Medical Officer Privileges by the Board.

Where the EMDPC does not employ a Director of Medical Services, all references to the Director of Medical Services in the By-Laws will be taken to be a reference to the C.E.O. of the EMDPC.

A Practice Manager may delegate any of the responsibilities conferred upon him/her by the By -Laws as he/she sees fit.

Headings in the By-Laws are for convenience only and are not to be used as an aid in interpretation.

THE **FERTILITY CONTROL CLINIC (FCC)** COVERS THE EAST MELBOURNE DAY PROCEDURE CENTRE (EMDPC)

PART 2 – CREDENTIALING COMMITTEE

1. Medical Practitioner Appointments Committee – Creation and Purpose

1. 2.1 Statement of Intent

The Board will establish a Medical Practitioner Appointments Committee (as part of their Clinical Governance Committee) during Management Review, for the purposes of assisting the EMDPC in ensuring that patients admitted receive the best possible care through evaluating monitoring and reviewing the credentials of medical practitioners seeking to provide treatment and care to their patients at the EMDPC and making recommendations on granting clinical privileges to medical practitioners with appropriate qualifications and experience, maintaining the highest possible standards of treatment and care for patients. From hereon, the term ‘Medical Practitioner Appointments Committee’ is used interchangeably, as a standing agenda item on the EMDPC Clinical Governance Committee.

Role of the Medical Practitioner Appointments Committee

- (a) The Medical Practitioner Appointments Committee will be responsible for ensuring that all reasonable professional requirements of Visiting Medical Officers are met.
- (b) The Medical Practitioner Appointments Committee will advise and make recommendations to the Medical Practitioner Appointments concerning clinical practice, services and other matters which might affect the ability of Visiting Medical Officers to deliver the highest possible quality treatment and care to patients.
- (c) The Medical Practitioner Appointments Committee will monitor, review and evaluate the credentials of all medical practitioners and allied health professionals who make application to become Visiting Medical Officers at the Medical Practitioner Appointments and make recommendations on the appointment of Visiting Medical Officers and Visiting Allied Health Professionals and the Clinical Privileges to be granted.
- (d) The Medical Practitioner Appointments Committee will make recommendations on the appointment of Visiting Medical Officers to committees of the EMDPC which require participation from Visiting Medical Officers.
- (e) The Medical Practitioner Appointments Committee will monitor the professional and ethical conduct of all Visiting Medical Officers, where Visiting Medical Officers lack competence or have breached the By-Laws and/or engaged in conduct which is disruptive to the EMDPC or which may impact upon the quality of treatment and care delivered to their patients, make recommendations on how to deal with those matters.

2. 2.2 Membership of the Committee

- 1. The Medical Practitioner Appointments Committee will be comprised of the Practice Manager, the Directors and the Director of Nursing of the Hospital.

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3. 2.3 Meetings of the Credentialing and Clinical Privileges Committee

- (a) The Medical Practitioner Appointments Committee will be incorporated in the Clinical Governance Committee meeting quarterly each calendar year or as required.
- (b) At every meeting of the Medical Practitioner Appointments Committee fifty percent of the members plus one will constitute a quorum.
- (c) The outcomes of the meetings of the Medical Practitioner Appointments Committee are documented on the *Health Service Use Only* page of the credentialing and scope of clinical practice applications [New Application for Medical Practitioner Credentialing and Scope of Clinical Practice](#) , [Renewal Application for Medical Practitioner Credentialing and Scope of Clinical Practice](#) , and [Annual Credentialing Checklist](#).

PART 3 – VISITING MEDICAL OFFICERS

19. 3. Credentialing and Appointment of Visiting Medical Officers

1. 3.1 Entitlement to treat patients at the Hospital

Practitioners who have received an appointment as a Visiting Medical Officer pursuant to the [By-Laws](#) are entitled to engage in the treatment and care of their patients within the limits of the clinical privileges attaching to such appointments at the EMDPC and to utilise facilities provided by the EMDPC for that purpose, subject to the provisions of the By-Law

2. 3.2 Eligibility for Appointment as a Visiting Medical Officer

Applications for appointment as a Visiting Medical Officers will only be granted if practitioners are professionally competent, satisfy the requirements of the By-Laws and are prepared to comply with the requirements of the By-Laws, the registration standards of the Medical Board of Australia [Australian Health Practitioner Regulation Agency (AHPRA)] and the code of conduct of any medical college of which the applicant is a member.

3. 3.3 Applications for Appointment as a Visiting Medical Officer

Applications for appointment as Visiting Medical Officers must be made in writing in the prescribed forms [New Application for Medical Practitioner Credentialing and Scope of Clinical Practice](#) ; and must include the following information:

- 1. (a) the applicant’s full name, date of birth, professional and private addresses, telephone numbers, facsimile numbers and email addresses , 100 point ID
- 2. (b) the applicant’s medical qualifications, including where and when they were obtained;
- 3. (c) details of the applicant’s registration with AHPRA and current registration number and any noted conditions;
- 4. (d) details of any investigation or enquiry by AHPRA into the applicant’s practice and outcome of such investigation or enquiry.
- 5. (e) details of post graduate formal instruction and/or supervised training undertaken by the applicant;

6. (f) details of memberships of any medical colleges;
7. (g) the applicant’s past experience, including details of service at other institutions and past (and current) clinical appointments;
8. (h) the applicant’s current professional indemnity insurance and professional indemnity claims history;
9. (i) any condition, physical or otherwise which the applicant has which may impact upon patient safety or quality of care;
10. (j) the clinical privileges sought;
11. (k) minimum two but preferably three professional reference;
12. (l) if the applicant no longer has visiting rights at hospitals where the applicant formerly held visiting rights, details of why the applicant no longer has visiting rights at those hospitals; and
13. (m) a current Working With Children Check and National Police Check
14. (n) any other information the applicant considers relevant.

Applications must also be accompanied by a declaration signed by the applicant to the effect that the information provided by the applicant is true and correct, and that the applicant will comply in every respect with the By-Laws and the code of conduct of any medical college of which the applicant is a member in the event that the applicant’s application for appointment as a Visiting Medical Officer is approved.

4. **3.4 Responsibility and Basis for Granting Clinical Privileges**

5. (a) The Board will determine applications for appointment as Visiting Medical Officers. In making any determination, the Board will make independent and informed decisions and in so doing will have regard to the matters set out in this **By-Laws** and may also have regard to the observations of the Directors and the recommendations of the Medical Practitioner Appointments Committee.

1. (b) Appointments as Visiting Medical Officers will be made having regard to:
 1. (i) the practitioner’s credentials;
 2. (ii) the practitioner’s competence;
 3. (iii) whether or not the practitioner has adequate professional indemnity insurance,
 4. (iv) the resources available at the EMDPC; and
 5. (v) the strategic direction of the EMDPC.
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21. **PART 4 – THE PROCESS OF APPOINTING AND RE-APPOINTING VISITING MEDICAL OFFICERS**

1. **4.1 Applications to the Director of Medical Services**

1. (a) Applications for appointment as Visiting Medical Officers are to be submitted to the Director of medical services.

2. (b) The Director of medical services may interview applicants and/or request further information from applicants, which the Director of medical services considers appropriate.

3. (c) The Director of medical services will ensure that applications are complete and requests for further information complied with, and upon being satisfied, will refer applications, together with notes from any interviews conducted by the Director of medical services and the Director of medical services' observations, to the Medical Practitioner Appointments Committee for consideration by the Medical Practitioner Appointments Committee.

2. **4.2 Consideration by the Medical Practitioner Appointments Committee**

3. (a) The Medical Practitioner Appointments Committee will consider all applications for appointment as Visiting Medical Officers referred to it by the Director of medical services and will make recommendations to the Medical Practitioner Appointments as to whether the applications should be approved and if so, the clinical privileges to be granted and whether to grant clinical privileges with admitting rights or clinical privileges without admitting rights.

1. (b) In considering what recommendation should be made to the Board, the Medical Practitioner Appointments Committee will take into account:

1. (i) the information contained in the applicant's application;

2. (ii) the applicant's credentials;

3. (iii) applicant's competence; and

4. (iv) any other information provided by the Director of medical services.

2. (c) Members of the Medical Practitioner Appointments Committee who have a conflict because:

1. (i) by previous association (being professional, personal and/or social) or knowledge of the applicant, they have formed a view about the applicant and the applicant's capabilities and suitability to be appointed as a Visiting Medical Officer or the clinical privileges which ought to be granted, or may be perceived to have formed such a view;

2. (ii) they have a financial, pecuniary, personal or other interest which could be affected in the event that the applicant was granted or refused clinical privileges;

3. (iii) they are related to or in a personal relationship with the applicant; or

4. (iv) they are for any other reason biased in favour of or against the applicant or might be perceived to be biased in favour of or against the applicant,

must declare the conflict and will not be involved in any way in considering such applications. The fact that a member of the Medical Practitioner Appointments Committee has received an appointment as a

Visiting Medical Officer at the Medical Practitioner Appointments with clinical privileges the same as or similar to those which a practitioner has applied for does not, on its own, constitute a conflict.

3. (d) If, having considered an application for appointment as a Visiting Medical Officer, the Medical Practitioner Appointments Committee concludes that, in the absence of further information it would be inclined to recommend to the Board that the application be declined, it will prepare a detailed statement of the reasons and the evidence relied upon to reach that conclusion.

4. (e) The statement will be forwarded to the applicant within 28 (twenty-eight) business days of the meeting of the Medical Practitioner Appointments Committee at which the decision is made under cover of a letter containing the following information:

1. (i) details of the proposed recommendation of the Medical Practitioner Appointments Committee;

2. (ii) a statement to the effect that the statement has been forwarded to the applicant to enable the applicant to correct, contradict and respond to the issues raised in the statement both in writing and at a meeting of the Medical Practitioner Appointments Committee, or delegates appointed by the Medical Practitioner Appointments Committee, if requested by the applicant;

3. (iii) a statement to the effect that the applicant must deliver to the Chairman of the Medical Practitioner Appointments Committee within twenty-eight days of receipt of the letter from the Medical Practitioner Appointments Committee a letter containing;

1. (iv) details of the reasons why the applicant disagrees with the issues raised by the Medical Practitioner Appointments Committee in the Statement;

2. (v) any other information the applicant considers relevant to the issues raised in the statement; and

3. (vi) if the applicant wishes to do so, a request for a meeting with the Medical Practitioner Appointments Committee or delegates of the Clinical Practice Appeals Committee to enable the applicant to address the issues raised in the statement in person.

5. (f) Following receipt of the applicant's letter and, if requested by the applicant, a meeting with the applicant, the Medical Practitioner Appointments Committee will make a written recommendation to the Board to either grant or decline the applicant's application for appointment as a Visiting Medical Officer. In the case of a recommendation to grant the application for appointment as a Visiting Medical Officer, the recommendation will also include details of the clinical privileges which the Medical Practitioner Appointments Committee recommends be granted. A statement of the Medical Practitioner Appointments Committee's reasons for making the recommendation will accompany the recommendation.

6. (g) In the event that the Medical Practitioner Appointments Committee forms the view that the applicant does not possess the credentials required for the clinical privileges applied for, or is otherwise lacking in competence, the Medical Practitioner Appointments Committee must recommend that the application be declined.

7. (h) All proceedings before the Medical Practitioner Appointments Committee under this By-Law will be conducted informally and the rules of evidence will have no application.

4. 4.3 Consideration of Applications for Appointment as Visiting Medical Officers by the Board

1. (a) The Board will consider all applications for Appointment as Visiting Medical Officers referred to it by the Medical Practitioner Appointments Committee and will decide whether the applications should be rejected or approved and if approved, the clinical privileges to be granted.

2. (b) In considering whether to refuse or approve applications and the clinical privileges to be granted the Board will make an independent and informed decision, having regard to:

1. (i) the information contained in the applicant's application;

2. (ii) the matters set out in the By-Laws ;

3. (iii) the recommendation received from the Medical Practitioner Appointments Committee; and

4. (iv) the observations of the Director of medical services,

however, in the event that the Medical Practitioner Appointments Committee informs the Board that it does not consider an applicant to have the credentials required for the clinical privileges sought, or that the applicant is otherwise lacking in competence, it must not, under any circumstances, grant that applicant any clinical privileges at all.

3. (c) Members of the Board who have a conflict because:

1. (i) by previous association (whether professional, personal or social) or knowledge of the applicant they have formed a view about the applicant and the applicant's capabilities and suitability to be appointed as a Visiting Medical Officer or the Clinical Privileges which ought to be granted, or may be perceived to have formed such a view;

2. (ii) they have a financial, pecuniary, personal or other interest which could be affected in the event that the applicant was granted or refused Clinical Privileges;

3. (iii) they are related to or in a personal relationship with the applicant;

4. (iv) they are for any other reason biased in favour of or against the applicant or might be perceived to be biased in favour of or against the applicant, must declare the conflict and will not be involved in any way in considering such applications. The fact that a member of the Hospital Board has received an Appointment as a Visiting Medical Officer at the Hospital with clinical privileges the same as or similar to those which the practitioner has applied for, does not of its own, constitute a conflict.

4. (d) The Board may adjourn the consideration of an application in order to obtain further information from either the Medical Practitioner Appointments Committee or the applicant.

5. (e) In the event that the Board requires further information from the applicant, it will forward a letter to the applicant:

1. (i) informing the applicant that the Board requires further information from the applicant before deciding whether to approve or refuse the application;
2. (ii) identifying the information required; and
3. (iii) requesting that the applicant provide the information in writing, together with any further information the applicant considers relevant within twenty-eight days from the date of receipt of the letter.
6. (f) In the event that the information requested is not supplied in the time set out in the letter the Board may, in its discretion, proceed to consider the application without such information.
7. (g) The Chairman of the Board will within 28 (twenty eight) days of the decision of the Board being finalised forward a letter to the applicant advising the applicant whether the application has been approved or rejected. If the application has been approved, the letter will also contain details of the clinical privileges granted. If the application has been rejected, the letter must include a statement of the reasons for rejecting the application and set out the applicant's rights of appeal pursuant to By-Law 4.4.
8. (h) Upon an application being approved, whether by the Board or following an appeal pursuant to By-Law 4.4, the applicant's name will be entered in the Medical Register.

5. **4.4 Appeals against decisions of the Board**

1. (a) Any Practitioner who applies for appointment as a Visiting Medical Officer is entitled to appeal against a decision of the Board to reject the application or limiting clinical privileges granted to the practitioner.
2. (b) Any such appeal must be in writing and must be lodged with the Chairman of the Board within twenty eight days of the applicant being notified in writing of the decision of the Board.
3. (c) Any such appeal must be accompanied by a request by the medical practitioner for a hearing by the Clinical Practice Appeal Committee and must set out in detail grounds upon which the applicant relies.
4. (d) If a notice of appeal is not received by the Chairman of the Board within 28 (twenty eight) days of the applicant being notified of the decision of the Board, the applicant will be deemed to have waived the applicant's right to appeal.
5. (e) The Board will, at its next meeting following receipt of the appeal, reconsider the practitioner's application, having regard to the grounds set out in the appeal.
6. (f) If the Board decides to grant the clinical privileges applied for after considering the practitioner's appeal, the Chairman of the Board will notify the practitioner in writing of its decision within twenty eight days of the decision being made.
7. (g) If the Board decides to stand by its original decision to refuse to grant the clinical privileges applied for, after considering the practitioner's appeal, it will notify the practitioner in writing of its decision within twenty eight days of the decision being made and inform the practitioner that their case will be referred to the Clinical Appeals Committee for a hearing.

8. (i) The Chairman of the Board will schedule, with members of the Clinical Appeal Hearing Committee, a date for the hearing of the appeal within twenty eight days of the Appeal Hearing Committee being convened and the practitioner will be notified of the hearing date at least twenty eight days in advance.

9. (j) At least 10 (ten) days prior to the hearing of the appeal, the Chairman of the Board will provide to the Clinical Appeals Committee and practitioner particulars of the evidence and reasoning in support of the adverse recommendation or decision of the Board.

10. (k) The practitioner must at least four days prior to the hearing of the appeal deliver to the Clinical Appeals Committee and the Chairman of the Board a summary of the points intended to be made by the practitioner at the hearing of the appeal together with any supporting documentary evidence.

11. (l) The practitioner will be given the opportunity to speak to the summary of points and documentary evidence delivered to the Clinical Appeals Committee, and the Chairman of the Board will have the opportunity to speak to the particulars provided to the Clinical Appeals Committee pursuant to Clause 10.

12. (m) Failure by the applicant to attend at the hearing of the appeal will constitute a withdrawal of the appeal.

13. (n) Upon the conclusion of the oral submissions by the practitioner and the Chairman of the Board, the hearing of the appeal will be closed and the Clinical Appeals Committee will, at a time convenient to it, conduct its deliberation in the absence of the practitioner's representatives and the EMDPC.

14. (o) Within 14 (fourteen) days from the date of the hearing, the decision of the Clinical Appeals Committee, together with reasons, will be forwarded to the practitioner.

15. (p) The decision of the Clinical Appeals Committee will be final.

16. (q) No person may be involved in any way in an appeal under this By -Law if:

1. (i) by previous association (whether professional, personal or social) or knowledge of the appellant, the member has formed a view about the appellant or the appellant's capabilities and suitability to be appointed as a Visiting Medical Officer or the clinical privileges which ought to be granted, or may be perceived to have formed such a view;

2. (ii) has a financial, pecuniary, personal or other interest which would be effected in the event that the appeal was allowed or refused;

3. (iii) is related to the appellant, or is in a personal relationship with the appellant; or

4. (iv) is, for any other reason, either biased in favour of or against the appellant or might be perceived as being biased in favour of or against the appellant.

The fact that a member of the Clinical Appeals Committee has received an Appointment as a Visiting Medical Officer at the EMDPC with clinical privileges the same as or similar to those which the practitioner has applied for, does not on its own, constitute a conflict.

17. (r) Appeals convened by Clinical Appeals Committees under this By -Law will be conducted informally and the rules of evidence will have no application.

18. (s) Both the applicant and Chairman of the Board will be entitled to have present at the hearing of the appeal, legal representatives who may act as advisors, but not as advocates.

6. 4.5 Tenure

1. (a) Initial appointments as Visiting Medical Officers will be for a period of one (1) year.

2. (b) Subsequent appointments will be for three (3) years.

3. (c) Appointment as a Visiting Medical Officer does not constitute an employment contract between a medical practitioner and the EMDPC.

4. (d) Visiting Medical Officers rights of access to the EMDPC for the treatment and care of their patients is limited to the clinical privileges granted by the Board and is subject to the conditions upon which those clinical privileges are granted.

5. (e) No Visiting Medical Officer will be entitled to admit patients to the EMDPC for treatment and care unless that Visiting Medical Officer has adequate professional indemnity insurance. Visiting Medical Officers must deliver certificates of currency of their professional indemnity insurance to the C.E.O. each year and must immediately advise the C.E.O. in writing of the cancellation of such insurance or of any facts or circumstances which may affect the validity of such insurance, including but not limited to any claims or potential claims of which they are aware and the circumstances of those claims.

7. 4.6 Extraordinary Accreditation

1. Temporary Accreditation

(a) The C.E.O. may grant medical practitioners temporary clinical privileges for up to, but no longer than three months duration on terms and conditions considered appropriate by the Directors.

(b) Applications for temporary clinical privileges must be in the prescribed form and contain all of the information set out in By-Law 3.3.

(c) Any medical practitioner who has been granted temporary clinical privileges must act at all times under the supervision of the Director of Medical Services.

(d) Temporary clinical privileges may be terminated by the C.E.O. after receiving notice of any failure by the medical practitioner to comply with the By-Laws.

(e) In the event that temporary clinical privileges are terminated in accordance with this By -Law, the medical practitioner will be required to reassign patients admitted by the medical practitioner to the EMDPC for treatment and care to other Visiting Medical Officers.

(f) Temporary clinical privileges will automatically cancel upon a determination by the Board of a practitioner's application for appointment as a Visiting Medical Officer or at such other time following such determination as the Board decides.

2. Emergency Privileges

1. (a) In the case of an emergency any medical practitioner, to the extent permitted by the terms of the medical practitioner's registration is permitted to assist and to do everything possible for the life of a patient of that medical practitioner or any other medical practitioner,

using every facility available at the EMDPC and calling for any specialist consultations which may be required in order to continue the provision of treatment and care for the patient.

2. (b) For the purposes of this section, “emergency” means a condition which renders a person incapable of giving consent to treatment that should be carried out urgently:

1. (i) to meet imminent risks to the persons life or health; or

2. (ii) to prevent significant pain or distress to the person.

8. **4.7 Reappointment**

1. (a) The Director of medical services will, at least three (3) months prior to the expiration of any term of appointment of each Visiting Medical Officer, provide to that Visiting Medical Officer an information form to be used in applying for reappointment.

2. (b) Any Visiting Medical Officer wishing to be reappointed must send the completed information form to the Director of medical services at least two (2) months prior to the expiration date of the Visiting Medical Officer’s current term of appointment.

3. (c) The information form completed by the Visiting Medical Officer must contain sufficient information to enable the Board to consider the Visiting Medical Officer’s application for reappointment.

4. (d) The Director of medical services, Medical Practitioner Appointments Committee will deal with applications for reappointment in the same manner in which they are required to deal with applications for appointments as Visiting Medical Officers pursuant to the By-Laws.

5. (e) The rights of appeal conferred upon practitioners who apply for appointment as Visiting Medical Officers set out in By -Law 4.4 are also available to Visiting Medical Officers who apply for reappointment.

6. (f) Any Visiting Medical Officer who wishes to appeal against a decision of the Board arising out of an application for reappointment must lodge the appeal in writing with the Chairman of the Board within twenty eight days of receipt of the decision of the Board in connection with the application for reappointment.

9. **4.8 Locum Tenens and Special Consultations**

1. (a) The approval of the Director of medical services is required before locums, not accredited to the EMDPC, are permitted to arrange the admission of, and/or to treat patients on behalf of Visiting Medical Officers.

2. (b) The Director of medical services must be notified in writing of all proposed locum arrangements before such arrangements commence and will as soon as practicable after receipt of such notification, inform the relevant Visiting Medical Officer whether approval is granted to enable the locum to admit and attend patients at the EMDPC .

3. (c) The Director of medical services will inform the Medical Practitioner Appointments Committee of all applications for approval of locums and the outcome of those applications.

4. (d) Visiting Medical Officers will notify the Director of medical services in writing in the event that a consultant is called in for an opinion, before the consultant attends the EMDPC. Except as provided elsewhere in the By-Laws, the consultant need not be an accredited Visiting Medical Officer. However, the EMDPC reserves the right to refuse access to consultants who are not Visiting Medical Officers.

10. **4.9 Suspension and Cancellation of Clinical Privileges and Resignation**

1. **Immediate suspension of Clinical Privileges**

1. (a) Upon a Visiting Medical Officer's registration being withdrawn or suspended, or upon limitations being imposed on the Visiting Medical Officer's right to practice, the clinical privileges granted to the Visiting Medical Officer will be immediately suspended or limited to the extent of the limitations placed on the Visiting Medical Officer's right to practice. Visiting Medical Officers must advise the Director of medical services in writing immediately upon becoming aware of the withdrawal or suspension of the Visiting Medical Officer's registration or upon limitations being imposed upon the Visiting Medical Officer's right to practice by a Committee of Assessors appointed by AHPRA or by virtue of undertakings given by the Visiting Medical Officer to the Medical Board of Australia or upon becoming aware that the Visiting Medical Officer is the subject of an investigation or inquiry instigated by AHPRA, including details of the nature of the investigation or inquiry.

2. (b) If a Visiting Medical Officer's professional indemnity insurance is cancelled or expires and is not renewed by the Visiting Medical Officer such that the Visiting Medical Officer does not have adequate professional indemnity insurance, the Visiting Medical Officers clinical privileges will be immediately suspended. Visiting Medical Officers must advise the Director of medical services in writing immediately upon becoming aware of the expiration or non renewal of the Visiting Medical Officer's professional indemnity insurance.

3. (c) The Director of medical services, upon being satisfied that a Visiting Medical Officer has intentionally misled the Board in order to become a Visiting Medical Officer, committed a serious breach of the By-Laws or the health and safety of a patient or patients admitted or being treated by the Visiting Medical Officer is at risk, may in his/her sole discretion, immediately suspend any or all of the Visiting Medical Officer's clinical privileges.

4. (d) Immediately upon the imposition of such a suspension, the affected Visiting Medical Officer must, in consultation with his/her patients, reassign those patients to other Visiting Medical Officers.

5. (e) In the event that the affected Visiting Medical Officer fails to reassign patients treated by the Visiting Medical Officer to other Visiting Medical Officers, the Director of medical services may inform the affected Visiting Medical Officer's patients of the Visiting Medical Officer's suspension and request the consent of those patients to arrange for alternative treatment and care by another Visiting Medical Officer.

2. **Suspension or Cancellation of Privileges**

1. (a) Upon the Director of medical services becoming aware of circumstances which the Director of medical services considers to be detrimental to the treatment and care provided to patients of a Visiting Medical Officer, or which are disruptive to the operation of the EMDPC, the Director of medical services may:

1. Board; and
 - (i) notify the Chairman of the Board; and
2. relevant Visiting Medical Officer:
 - (ii) cause a letter to be forwarded to the relevant Visiting Medical Officer:
 1. the offending conduct;
 - (iii) setting out in detail the nature of the offending conduct;
 2. calling for the Visiting Medical Officer to respond within seven (7) days; and
 - (iv) calling for the Visiting Medical Officer to respond within seven (7) days; and
 3. attend a meeting with the Director of medical services within fourteen (14) days.
 - (v) requiring the Visiting Medical Officer to attend a meeting with the Director of medical services within fourteen (14) days.
 2. (b) At the meeting, the Director of medical services will give the Visiting Medical Officer a fair and reasonable opportunity to explain his or her actions and attempt to resolve the matter through discussion and by agreement so as to ensure the Visiting Medical Officer's patients continue to receive optimal care and the Visiting Medical Officer otherwise complies with the provisions of the By-Laws in every respect.
 3. (c) In the event that the issues described in the letter are not resolved at the meeting to the satisfaction of the C.E.O. or, in the event of an immediate suspension of clinical privileges, the C.E.O. will refer the matter to the Directors .
 4. (d) Within seven (7) days of receipt of notification from the C.E.O., the Directors will forward to the Visiting Medical Officer a letter containing:
 1. (i) the reasons for the immediate suspension of the Visiting Medical Officer's Clinical privileges (where relevant);
 2. (ii) details of the Visiting Medical Officer's offensive conduct and the reasons why the C.E.O. does not consider that the matter was resolved appropriately at the meeting he/she convened with the Visiting Medical Officer (where relevant);
 3. (iii) a request that the Visiting Medical Officer respond in writing within 7 (seven) days; and
 4. (iv) inviting the Visiting Medical Officer to attend at a meeting of the Medical Practitioner Appointments Committee or a delegation of the Committee within 14 days to address the Medical Practitioner Appointments Committee.
 5. (e) In the event that the Visiting Medical Officer does not respond to the letter or attend the meeting convened by the Medical Practitioner Appointments Committee, the Visiting Medical Officer's Clinical Privileges will automatically be suspended and the Visiting Medical Officer must immediately reassign patients treated by the Visiting Medical Officer to other Visiting Medical Officers, failing which, the C.E.O. will notify those patients of the suspension of the Visiting Medical Officer's Clinical privileges and with the consent of those patients, reassign them to other Visiting Medical Officers.
 6. (f) Within seven (7) days of the conclusion of the meeting of the Medical Practitioner Appointments Committee and the Visiting Medical Officer, the Medical Practitioner Appointments Committee will submit a recommendation to cancel, in whole or in part, suspend for a period of time or continue the suspension for a further period the Visiting Medical

Officers Clinical privileges and the basis upon which the suspension should be lifted, or reinstate the Visiting Medical Officer's Clinical privileges.

5. (g) The Board will, having considered the matter and formed its own independent view:
 1. (i) cancel the Visiting Medical Officer's Clinical privileges, in whole or in part;
 2. (ii) impose or extend the suspension already imposed and specify the grounds upon which the suspension will be cancelled; or
 3. (iii) reinstate the Visiting Medical Officer's clinical privileges in whole or in part, in the event that they have previously been suspended.
6. (h) Within 5 days of the Board making a decision, it will cause written notice of the decision to be forwarded to the Visiting Medical Officer together with details of the evidence relied upon and reasons for which the Board made the decision.
7. (i) The rights of appeal contained in By-Law 4.4 are available to Visiting Medical Officers affected by a decision of the Board under this By -Law provided that written notice of such appeal is lodged with the Chairman of the Board within twenty eight days of the Visiting Medical Officer being notified of the decision of the Board.

11. 4.10 Confidentiality

All material submitted by any applicant for appointment as a Visiting Medical Officer, to the Director of medical services, the Medical Practitioner Appointments Committee, the Board in relation to that application or in relation to the suspension or cancellation of a Visiting Medical Officer's clinical privileges is confidential and will not be released by any party without the consent of the applicant or the Director of medical services as the case may be or unless otherwise required by law.

PART 5 – ETHICS AND EXPECTATIONS

12. 5.1 Availability of Visiting Medical Officers

1. (a) Visiting Medical Officers who admit Patients to the EMDPC for treatment and care must ensure that they are available to treat and care for those patients at all times, or failing that, that other arrangements as permitted by the By -Laws are put in place to ensure the seamless treatment and care of those patients.
2. (b) Visiting Medical Officers must visit all patients admitted or required to be treated by them as frequently as is required by the clinical circumstances of those patients.

13. 5.2 Standard of Conduct

1. (a) Visiting Medical Officers must conduct themselves at all times in accordance with:
 1. (i) the By-Laws;
 2. (ii) the Code of Practice of any specialist college or professional body of which Visiting Medical Officers are members of e.g. AHPRA.

14. 5.3 Hospital Policies and Procedures

Visiting Medical Officers must comply with all policies and procedures (including amendments) adopted by the Board which adhere to the Health Services (Private Hospitals and Day Procedure Centres) Regulations and additional pertinent national standards namely, the National Safety and Quality Health Services Standards.

15. 5.4 New Technologies and Procedures

1. (a) Notwithstanding the clinical privileges granted by the EMDPC to Visiting Medical Officers, Visiting Medical Officers must not use new technology or carry out new procedures on patients admitted to the EMDPC without the approval of the Board.

2. (b) If a Visiting Medical Officer wishes to use new technology in the care and treatment of patients admitted to the EMDPC or to carry out new procedures on patients admitted to the EMDPC, the Visiting Medical Officer, as the case may be, must submit to the Director of medical services in writing a request to utilise the new technology or to carry out the new procedure, which contains:

1. (i) details of the new technology or new procedure;
2. (ii) in the case of new technology, details of any approval granted in respect of the new technology by the Therapeutic Goods Administration;
3. (iii) details of any relevant medical or other college or association endorsements of the new technology or the new procedure;
4. (iv) details of literary reviews relating to the new technology or the new procedure;
5. (v) details of the Visiting Medical Officer’s training and experienced in using or assisting in the use of the new technology or in carrying out or assisting in carrying out the new procedure; and
6. (vi) confirmation that the Visiting Medical Officer’s professional indemnity insurance covers the Visiting Medical Officer for incidents arising out of or in connection with the use by Visiting Medical Officer of the new technology or the carrying out of the new procedure by the Visiting Medical Officer,

(“the Application”).

3. (c) The Director of medical services will refer the application to the Clinical Governance Committee together with any relevant comments the Director of medical services may have.

4. (d) The Clinical Governance Committee will consider the application and make recommendations to the Board relating to:

1. (i) the use of the new technology or the conduct of the new procedure;
2. (ii) the Visiting Medical Officer to use the new technology or to carry out the new procedure, the benefits associated with the new technology or the new procedure and risks associated with the new technology or the new procedure.

5. (e) The Board will consider the application and make an independent and informed decision having regard to:

1. (i) the application;
2. (ii) comments by the Director of medical services (if any); and
3. (iii) the recommendations of the Clinical Governance Committee.

6. (f) The Chairman of the Board will advise the Visiting Medical Officer, as the case may be, of the outcome of the application in writing within twenty eight days of the date of the meeting which it was considered by the Board.

7. (g) In the event that the Board declines the application, the Visiting Medical Officer, as the case may be, will be entitled to appeal the decision within twenty eight days of being notified of the decision and such appeals, in the case of Visiting Medical Officers will be carried out in the manner provided in By-Law No. 4.4.

PART 6 – OPEN DISCLOSURE/ STATUTORY DUTY OF CANDOUR

22. 6. Open disclosure is the open discussion of incidents that result in harm to a patient while receiving health care. A Visiting Medical Officer at the EMDPC has an ethical responsibility to maintain honest communication with patients and their support person, even when things go wrong. By ensuring there is good communication when an adverse event occurs, we can begin to look at ways to prevent them from recurring.

23. It is expected that Visiting Medical Officers adhere to the following principles of open disclosure:

- (a) Ensure open and timely communication;
- (b) Acknowledgement of adverse event; and
- (c) An expression of regret.

24. Visiting Medical Officers can expect the following from the EMDPC during an adverse event:

- (a) To be supported and encouraged to recognise and report adverse events; and
- (b) Investigation of the adverse event with a focus on improving systems of care.
- (c) Participate in Statutory Duty of Candour proceedings as per the legislation.

PART 7 – AMENDING BY-LAWS

25. 7. Amendments to By-Laws

Significant amendments to these By-Laws can only be made by a resolution of the Board of Directors. Minor amendments can be made by the Practice Manager, Director of Nursing.

PART 8 – REFERENCES

Authorised by: CEO/ Clinical Gov Comm	v3 updated to meet reg req. Date of issue: v3 22/04/2024	Date of next review: 22/04/2025	Page 18 of 22
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[Safer Care Victoria Credentialing and Scope of Clinical practice for senior medical practitioners](#)
[Assessed 24 April 2024]

[Australian Commission on Safety and Quality in HealthCare, Standard for Credentialling and Defining the Scope of Clinical Practice, 2004](#) [Assessed 24 April 2024]

[Credentialing Overview and templates](#) [Assessed 24 April 2024]

[Open Disclosure](#) [Assessed 24 April 2024]

[Health Services Act 1988- Sect 128ZF Victorian Duty of Candour](#) [Assessed 24 April 2024]

1. CHECKLIST: New appointments

Defining the scope of an individual medical practitioner's clinical practice as well as review of their credentials is a required precursor to appointment by the health service.

The applicant must be provided with a position description or other documentation providing clear terms of appointment that details the core competencies required of the position and the duties to be undertaken. The document should outline the relevant capabilities and service provision of the health service.

In addition to generic human resources requirements for all employees of the health service, the applicant must provide, and the credentialing and scope of clinical practice committee (or equivalent) must verify and retain evidence of, the following information:

- proof of identity based on a 100-point check of original documents
- national police history check
- international police check if the applicant has lived overseas for 12 months or longer during the past 10 years
- working with children check (where applicable)
- original qualifications or certified copy, including the primary medical degree and a certified translation when not in English
- original or certified copy of specialist qualifications and a certified translation when not in English
- procedural qualifications (where applicable)
- other evidence of training and clinical experience, as required
- evidence of current compliance with all maintenance of professional standard requirements as determined by the specialty colleges
- medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
 - confirmation of the type of registration (for example, general or specialist)
 - for non-employed medical practitioners treating private patients in a public hospital: the original or a certified copy of the private practitioner's medical/professional indemnity certificate, ensuring the cover reflects the requested scope of practice
- health status, if applicable (this may be discussed privately with the director of medical services (or equivalent), who will then be responsible for deciding how this will affect the scope of clinical practice)
- continuing professional development (CPD) statements that are college approved or relevant to the scope of clinical practice determined by the health service and include either:
 - copies of compliance certificates

- statements verifying CPD participation by the relevant college or Australian Medical Association CPD tracker printouts

- Employment and/or visiting history - a current curriculum vitae, verified by checking with other sources, and including:
 - – clinical appointments
 - – academic appointments and teaching experience
 - – quality activities

- Referee checks that:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees
 - include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference

- existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.

2. Reappointment of a medical practitioner at the same health service with no change to scope of practice

The credentialing and scope of clinical practice committee (or equivalent) must verify the following information:

- currency of working with children check where applicable
- medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - confirmation of the type of registration (for example, general or specialist)
 - for non-employed medical practitioners treating private patients in a public hospital: the original or a certified copy of the private practitioner's medical/professional indemnity certificate
 - CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated
- health status, if applicable (this may be discussed privately with the director of medical services (or equivalent) who will be responsible for deciding how this will affect the scope of clinical practice)
- recent employment and/or visiting history - an updated curriculum vitae including (but not restricted to):
 - clinical appointments
 - quality activities
 - academic appointments and teaching experience.

3. Changing, extending or reducing the scope of clinical practice

Where new services are introduced, or when a medical practitioner wishes to extend 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 – Recency of Practice](#).

The credentialing and scope of clinical practice committee (or equivalent) 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
- 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 director of medical services or the credentialing and scope of clinical practice committee (or equivalent) determine that the requirements for relevant CPD have not been met.

When this occurs, the health service board (or highest level of governance) or the director of medical services, must notify the practitioner in writing and provide them with an amended position description, 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 health service board (or highest level of governance) must then consider the effects of the reduction on the health service and decide if an alternative source of the previously provided services is required.

NOTE TO OPERATORS

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If you have added/deleted or amended clause headings, you will have to update the entire table of contents (not just the page numbers).