

Bylaws



Practitioner Bylaws

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1. Mission Statement and Values

The Management and staff of Skin Cancer Day Surgery are committed to:

- Providing the best available care to our patients.
- Providing the best available service to our doctors.
- Provide a competitive, affordable and safe health care service to our community.

Skin Cancer Day Surgery is committed to continuously complying with our Management System which is based on AS/NZS ISO 9001:2016, the international standard for Quality Management and the National Safety and Quality Health Service (NSQHS) Standards.

Skin Cancer Day Surgery is also committed to continuously improving, through reviewing practice in response to established world's best practice, internal systems review and education.

Skin Cancer Day Surgery has developed processes for planning to facilitate a transparent management system which involves all team members. The outcome of the planning process is a set of objectives reviewed and updated at least yearly.

2. Medical Advisory Committee

The Board of Management Committee incorporates the function of the Medical Advisory Committee.

The Board of Management Committee shall have the following responsibilities:

1. To oversee the medical, professional and ethical activities of the Centre, including medical staff appointments and re-appointments and the granting of medical staff privileges, accreditation and credentialing in accordance with the current standard for 'credentialing and defining the scope of practice of medical practitioners'.
2. To make recommendations to the MD, CEO and/or the DON regarding the type, quality and conduct of service to be made available at the Centre.
3. To act as the Ethics Committee for the Centre.
4. To encourage programs for medical, nursing and administrative staff to encompass clinical review and educational programs.
5. To promote Skin Cancer Day Surgery as a centre of excellence in private health care.
6. To advise on and implement appropriate disciplinary actions.

The Board of Management Committee may delegate some or all of these tasks to appropriately qualified committee members.

Members of the Board of Management Committee shall be appointed by the Chairman. Members shall be appointed for 3 years and shall be eligible for re-appointment.

The Board of Management Committee may co-opt additional members as required for advice regarding access and delineation of clinical privileges.

3. Appointment of Medical Practitioner

The Board of Management Committee shall appoint only professional, competent Medical Practitioners who are Fellows of their appropriate college and/or members of their appropriate professional organisation.

Two (2) professional referees must be supplied by the applicant and references will be checked prior to consideration of appointment

Persons so appointed shall be assigned appropriate clinical privileges and have full responsibility for the treatment of individual Centre patients.

Tenure

The tenure of Accreditation shall be for 3 years to the age of 65 and for 1 year thereafter or as otherwise determined by the Board of Management Committee.

All applications for appointment to the Medical Staff shall be made to the Board of Management Committee through the MD, CEO or DON.

The Committee retains the absolute discretion to take any action it deems to be in the best interests of the Centre and the decision of the Committee shall be final.

The MD or in his absence the DON is authorised to act for and on behalf of the Board of Management Committee in granting interim Accreditation and in suspending Accreditation without prior notice until the next meeting of the Committee at which time ratification or review of such action can take place.

Appeals against decisions of the Board of Management Committee may be made and will be considered by the full committee who will ensure that all decisions comply with the rules of natural justice.

New Appointments

The applicant must provide 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
- Original qualification 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 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)
- Medical indemnity insurance information including:
 - Sighting the original or a certified copy of the indemnity certificate
 - Ensuring the cover reflects the requested scope of practice
- Health status
- Continuing professional development (CPD) statements that are college approved or relevant to the scope of practice determined by the health service and include either:
 - Copies of compliance certificates
 - Statements verifying CPD participation by the relevant college or AMA CPD tracker printouts
- Employment history – a current CV including:
 - Clinical appointments
 - Academic appointments and teaching experience
 - Quality activities
- 2 Referees that:
 - Must not be limited to unsolicited references
 - If undertaken by verbal contact must be documented, preferably in a structured format
 - May be undertaken by templates sent to nominated referees
 - Must be considered appropriate and bona fide
 - Work largely within the specialty of the applicant practitioner and have been in a position to judge the practitioners experience and performance during the previous 3 years and have no conflict of interest in providing a reference

Confirmation of new appointment will be in writing with agreed scope of practice and tenure clearly defined.

Re-appointment of Medical Practitioner with no Change to Scope of Practice

The applicant applying for re-credentialing must following information:

- National police history check
- Medical registration including:
 - Current 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)
- Medical indemnity insurance information including:
 - Sighting the original or a certified copy of the indemnity certificate
 - Ensuring the cover reflects the requested scope of practice
- Health status
- CPD statements that are college approved or relevant to the scope of practice determined by the health service and include either:
- Employment history – a current CV including:
 - Clinical appointments

- Academic appointments and teaching experience
- Quality activities.

Confirmation of re-appointment will be in writing with agreed scope of practice and tenure clearly defined.

Change to Scope of Practice

A change in scope of practice, requires the accredited medical practitioner to re-apply to the BOM to request a change to their scope of practice.

Prior to the introduction of a new service, procedure or equipment, the VMO will be required to be re-credentialed, and training and competencies completed to ensure that the VMO meets the requirements of the scope of practice criteria.

A request to change scope of clinical practice must be made in writing and include:

- The change to the scope of clinical practice requested.
- Additional procedural qualifications or experience related to the requested change.
- Evidence that the VMO's medical indemnity insurance cover reflects the requested change to the scope of practice.
- CPD – college certificate or evidence of relevant CPD, confirming the relevant college if indicated.
- Evidence to support the proposed change to scope of practice and include 2 referees from appropriate craft group.

The MAC and BOM ensure the VMO meets the re-credentialing criteria prior to the introduction of the new service, procedure or equipment.

Confirmation of change to scope of practice will be in writing with agreed scope of practice and tenure clearly defined.

The scope of clinical practice may also be reduced at the request of the VMO, when underperformance has been identified or if the Medical Director and/or MAC determine that the requirements for relevant CPD have not been met.

When this occurs, the BOM or Medical Director must notify the VMO in writing and provide them with an amended position description with a minimum of 4 weeks notice.

Annual Requirements

In accordance with the *Credentialing and Scope of Practice for Senior Medical Practitioners Policy*, January 2018, it is the policy of Skin Cancer Day Surgery that accredited medical practitioners provide the DON with the following information annually:

- AHPRA registration certificate
- Professional Medical Indemnity Insurance Certificate
- College CPD Certificate (every 2 years).
- Hand Hygiene Certificate and any other education or training certificates as requested.

Medical Peer Review

Peer review is the evaluation of work or performance of an individual by others with the similar skills and competencies. Peer review methods are used to maintain quality standards, improve performance, provide credibility and improve patient care.

Peer review is conducted formally:

- Annual peer review audit as per Skin Cancer Day Surgery Audit and Surveillance Schedule.
- Outcomes of the Peer Review audit are discussed at BOM prior to presenting the report to each VMO for review and feedback. VMO feedback is discussed at the following scheduled BOM meeting.
- Indicators reviewed include:
 - Total number of wound infections.
 - Post operative bleeds.
 - Wound dehiscence.
 - Post discharge hospital admission.
 - Emergency transfer of patients.
 - Antimicrobial prescribing.
 - VMO complaints.
 - Other issues as required.

Informal review:

- Informal discussions, advice and feedback regarding performance and individual patient cases are held in a timely manner as required.
- Communication is:
 - Through verbal discussions prior to, during, or at the end of the workday.
 - Via email correspondence.
 - Via telephone.
- Communication involves, where relevant:
 - The VMO.
 - Nursing staff.
 - The patient and/or support person.
 - Other relevant parties where applicable.

Urgent, Temporary and Emergency Clinical Situations

Where a VMO is unavailable to provide services, the VMO's surgical list is cancelled and patients on that list rescheduled or referred onto another VMO with the same scope of practice.

4. Responsibilities of Accredited Medical Practitioner

The responsible Accredited Medical Practitioner shall be –

- the Accredited Medical Practitioner who arranged the admission of the patient to the Centre; or
- where no Accredited Medical Practitioner arranged such admission the Accredited Medical Practitioner who has assumed responsibility for the medical care and treatment of the patient; or
- the Accredited Medical Practitioner as a result of a change notified to the MD by both Practitioners.

Assistants, Locums and Non-Accredited Consultants

The Responsible Medical Practitioner may obtain assistance from Medical Practitioners who are not Accredited Medical Practitioners. This assistance may take the form of consultation, locums, or the provision of special diagnostic, surgical or therapeutic procedures, but the primary responsibility for the care and treatment of the patient shall remain with the patient's Responsible Medical Practitioner.

The Centre reserves the right to refuse access to any Medical Practitioner who is not an Accredited Medical Practitioner.

Inability to Contact Responsible Accredited Medical Practitioner

In a situation where the opinion of the Registered Nurse who is in charge of the patient at the time, requires the attention of the Responsible Accredited Medical Practitioner, then every reasonable effort will be made to communicate with the Responsible Accredited Medical Practitioner with regard to the situation and consult with the practitioner as to the care and treatment of the patient concerned. However, if the Responsible Accredited Medical Practitioner cannot be contacted, Skin Cancer Day Surgery has the right to take whatever action it considers necessary in the interest of the patient. This may include the calling of another accredited medical practitioner to care for the patient, or the transfer of the patient to another hospital. In either case, the Responsible Accredited Medical Practitioner will be advised of the action as soon as possible.

5. Consent for Medical Treatment

The Centre provides facilities and nursing care and aids for the treatment and management of patients of Accredited Medical Practitioners. It is the responsibility of the Responsible Accredited Medical Practitioner to ensure that the consent of his/her patients to the nature and form of all treatment is obtained, prior to the procedure.

6. Pre-Admission Advise

The Responsible Accredited Medical Practitioner shall provide details of all patients to be admitted under his care to the Administrative staff, at least one week prior to their admission, where practical.

7. Medical Record Documentation

During the course of a patient's treatment at Skin cancer Day Surgery, concise, pertinent and relevant information shall be documented in the patient's medical record.

All orders for treatment of the patients shall be clearly conveyed to the nursing staff by the Responsible Accredited Medical Practitioner directing such treatment.

On conclusion of treatment a procedure report shall be written by the Responsible Accredited Medical Practitioner containing a description of the procedure performed and all relevant findings. Post operative orders must be clearly written.

The nursing staff must be provided with clear written instructions regarding discharge of patients and the arrangements for follow-up.

8. Disclosure of Patient Information

Skin Cancer Day Surgery is committed to the protection of personal privacy of our patients, staff and other clients. Our policy is based on the Health Privacy Principles as detailed in the Health Records Act 2001, (VIC) and the National Privacy Principle 6 of the Act, Health Regulations June 2012. The policy deals with the collection, use and disclosure of personal health information as well as access and correction, data security and data retention.

9. Open Disclosure of Adverse Patient Events

Skin Cancer Day Surgery has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2008 Australian Commission on Safety and Quality in Healthcare (Rights & Responsibilities).

10. Antimicrobial Stewardship

It is the policy of Skin Cancer Day Surgery that prescribing of antibiotics will be in accordance with Therapeutic Guidelines - No 15 Antibiotic. At Skin Cancer Day Surgery, it has been determined that Cephalixin or Flucloxacillin is prescribed for post op patients if required, in accordance with the IFPC Policy Antimicrobial Stewardship.

11. Conduct of Procedures

Responsible Accredited Medical Practitioner shall adopt the Centre's policies and procedures in the conduct of patient treatment at the Centre within the approved scope of practice of the VMO.

Should a new service, procedure or equipment be introduced, the VMO be re-credentialed for the specific service, procedure or equipment.

Histology specimens shall be sent for pathological examination whenever necessary.

A copy of the pathologist's report shall be retained in the Skin Cancer Day Surgery medical history.

12. Allocation of Theatre Sessions

Sessions shall be allocated to Responsible Accredited Medical Practitioners on an agreed basis depending on times that are suitable.

The patient's details with 3 identifying features (name, address and DOB), provisional diagnosis, the nature of procedure to be performed, the patient's age, telephone number, health insurance details etc. shall be notified to the Administrative Staff at least seven (7) days prior to admission or as early as practical.

When a Responsible Accredited Medical Practitioner wishes to cancel a session for any reason, it is required that 7 days notice of such cancellation be given to the Centre.

The Centre reserves the right to make casual bookings for any session where there are no bookings 7 days ahead of any allocated session, or part of session not fully utilised.

13. Anaesthetics

The Responsible Accredited Medical Practitioner who is to administer the anaesthetic shall ensure that he or she is fully acquainted with the patient's full medical history, has documented details of the medical history and is fully oriented to the emergency equipment and all policies and procedures of the Centre.

14. Quality

Responsible Accredited Medical Practitioner are expected contribute to the ongoing quality improvement of the Centre by participation in the quality management program through annual peer review, collection of relevant clinical indicators and assistance with quality activities as required.

15. Other Matters

The Centre encourages Responsible Accredited Medical Practitioners to assist the Centre in other ways, including help in emergency cases, work on committees, participation in special programs and attendance at meetings.

Declaration

I hereby agree to abide by the Skin Cancer Day Surgery Practitioner Bylaws as set out in the Practitioner Bylaws document.

Name of Applicant

Signature of Applicant

Date

If for any reason you are unable to sign the Declaration above, please explain the circumstances to the Medical Director