

# Bylaws



**Skin & Cancer Day Surgery**

# 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 (SCDS) 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 2<sup>nd</sup> edition.

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

SCDS 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. Definitions

- **Accredited Medical Practitioner (AMP)** – a medical practitioner that has been granted clinical privileges at SCDS.
- **Board of Management (BOM)** – the board of management (including the directors) at the facility.
- **Clinical privileges** – the right to treat patients at the facility within a defined scope of clinical practice.
- **Facility** – Skin Cancer Day Surgery.
- **Medical Advisory Committee (MAC)** – reviews and provides advice to the BOM in relation to accreditation of medical practitioners, peer review, patient care and safety, and to provide a forum for open communication.
- **Procedures** – refers to mohs micrographic surgery and standard excision of skin lesions in the day hospital.
- **Scope of clinical practice** – means the speciality, procedures or treatments for which a medical practitioner is granted clinical privileges.
- **Services** – refers to procedures and other services provided as part of the diagnosis and treatment of skin cancer.
- **Visiting Medical Officer (VMO)** – a medical practitioner that has been granted clinical privileges at SCDS.

## **3. Powers of the Governing Body**

Powers and duties of the governing body include but not limited to:

1. Delegate such powers, duties and responsibilities to such persons or committees it may deem appropriate from time to time.
2. The planning, implementation, monitoring and evaluation of the safety and quality systems throughout the organisation.
3. Overseeing risk management for the organisation.
4. Consumer feedback and engagement.
5. Financial decisions in relation to the organisation.
6. Human resources management.
7. Occupational health and safety.

The governing body meets quarterly.

## **4. Medical Advisory Committee**

The Board of Management Committee (BOM) incorporates the function of the Medical Advisory Committee (MAC).

The MAC shall have the following responsibilities:

1. To oversee the medical, professional and ethical activities of the Centre, including VMO appointments and re-appointments and the granting of VMO 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 SCDS as a centre of excellence in private health care.
6. To advise on and implement appropriate disciplinary actions.
7. Discuss and make recommendations regarding clinical matters.
8. Review and make recommendations about new equipment and medical processes.
9. Report to the BOM regarding review, analysis and recommendations regarding clinical incidents, sentinel events, open disclosure and statutory duty of candour.
10. Contribute to recommendations on regarding Bylaws, policies and procedures for the management of clinical services as required.

The MAC may delegate some or all of these tasks to appropriately qualified committee members.

Members of the MAC shall be appointed by the Chairperson. Members shall be appointed for 3 years and shall be eligible for re-appointment.

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

## 5. Services/procedures

SCDS will consider applications for credentialing to perform mohs micrographic surgery and excision of skin cancer/lesions. All procedures are to be performed under local anaesthetic.

## 6. Appointment of Medical Practitioner

The MAC shall appoint only professional, competent Medical Practitioners who are registered with AHPRA, 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.

All medical practitioners must notify the CEO or DON immediately if any conditions have been placed on their Medical Registration or any other changes to registration or insurance coverage.

### **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 BOM.

All applications for appointment shall be made to the MAC 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 BOM 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 MAC 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.

Applicants will be notified in writing of the outcome of their application.

### **New appointments**

The applicant must provide the following information:

- Completed Application for Credentialing form

- 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
- Evidence of enrolment in QAP
- 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 – completing a workforce health survey and providing evidence of immunisation status (immunisation records and serology).  
Agreement to participate in the facility's annual influenza vaccination program as per Regulations and any other as may be mandated by the Department of Health from time to time.
- 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
- Must be relevant to the scope of practice.

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**

VMOs are re-credentialed every 3 years.

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 an agreed scope of practice and tenure clearly defined. Tenure is for 3 years, unless otherwise specified.

## **Change to scope of practice**

A change in scope of practice requires the accredited medical practitioner to re-apply to the MAC 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 MAC 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*, April 2020, it is the policy of SCDS that AMPs provide the DON with the following information annually:

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

VMOs must comply with all accreditation requirements, including maintaining current professional indemnity insurance (PII), registration with AHPRA, and fulfilment of continuing professional development (CPD) obligations and ongoing education. Evidence of compliance and supporting documentation must be provided within the required timeframes. Failure to comply may result in the revocation of clinical privileges.

## **Medical peer review**

Peer review is the evaluation of work or performance of an individual by others with 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:

- Quarterly at MAC meetings – AMS prescribing, infection rates and other indicators as listed below:
  - 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.
- QAP – documented evidence of participation in the specialist quality assurance program in the relevant specialty.

### **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 to another VMO with the same scope of practice.

## **7. Responsibilities of Accredited Medical Practitioner**

The responsible AMP shall be:

- The VMO who arranged the admission of the patient to the Centre; or
- Where no VMO arranged such admission the AMP who has assumed responsibility for the medical care and treatment of the patient; or
- The VMO as a result of a change notified to the MD by both Practitioners.

### **Assistants, locums and non-accredited consultants**

The AMP/VMO 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 AMP/VMO.

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

### **Inability to contact responsible accredited medical practitioner**

In a situation where the opinion of the Registered Nurse who oversees the patient at the time, requires the attention of the Responsible AMP, then every reasonable effort will be made to communicate with the Responsible AMP with regard to the situation and consult with the practitioner as to the care and treatment of the patient concerned. However, if the Responsible AMP cannot be contacted, SCDS 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 AMP will be advised of the action as soon as possible.

## **8. Consent for Medical Treatment**

The Centre provides facilities, nursing care and aids for the treatment and management of patients of AMP. It is the responsibility of the Responsible AMP to ensure that the consent of his/her patients to the nature and form of all treatment is obtained, prior to the procedure. Surgery will not commence until consent has been obtained and patients or their nominated medical decision maker must be involved in the consent and shared decision-making processes.

## **9. Pre-Admission Advise**

The Responsible AMP shall provide details of all patients to be admitted under his/her care to the administrative staff, at least one week prior to their admission, where practical. Where possible, all admission paperwork must be received by the facility at least 1 week prior to admission to undergo pre-admission assessment by the nurse. If the patient does meet the SCDS admission criteria, the patient's management will be discussed with the Responsible AMP, and treatment arrangements made elsewhere. Screening procedures are in place to ensure that any issues and the risk of harm are identified prior to admission and risk management strategies implemented.

## **10. Medical Record Documentation**

During a patient's treatment at SCDS, 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 AMP directing such treatment.

On conclusion of treatment a procedure report shall be written by the Responsible AMP containing a description of the procedure performed, all relevant findings, including relevant history, details of prescriptions written or any changes to the patient's current medication.

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

There is an expectation that clinical notes are completed in the patient's medical record within 48 hours.

## **11. Disclosure of Patient Information**

SCDS is committed to the protection of the 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 Principles as detailed in "The Privacy (Private Sector Amendment) Act 2000 as amended". 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.

## **12. Open Disclosure of Adverse Patient Events**

SCDS has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2011 Australian Commission on Safety and Quality in Healthcare and the Victorian Statutory Duty of Candour (SDC). It is the responsibility of the AMP to complete the Open Disclosure Procedure if required as per SCDS policies and procedures.

## **13. Antimicrobial Stewardship**

It is the policy of SCDS that prescribing of antibiotics will be in accordance with Therapeutic Guidelines - 15 Antibiotic. Antibiotics are not routinely prescribed at SCDS. The prescribing of antibiotics is according to the approved list in the Antimicrobial Stewardship policy and prescribing must be documented on the Antibiotic Register. Prescribing of antibiotics is monitored by the MAC.

## **14. Conduct of Procedures**

The Responsible AMP 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 patient's medical record.

## **15. Allocation of Theatre Sessions**

Sessions shall be allocated to the Responsible AMP 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 AMP 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.

## 16. Anaesthetics

The Responsible AMP 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.

## 17. Quality & Safety

Responsible AMPs are expected to contribute to the ongoing quality and safety of the Centre by participation in the quality management program through peer review, collection of relevant clinical indicators and assistance with quality activities as required. All AMPs are to follow the SCDS policies and procedures and adhere to the NSQHS Standards.

## 18. Partnering with Consumers

Patients and their carers are to be involved in treatment planning, shared decision making, informed consent and all aspects of their care in relation to the treatment being provided, pre-admission and discharge planning. They must be provided with adequate written information including contact phone numbers in case of emergency or any concerns.

Patient goals of care and individual needs are taken into consideration when commencing care planning.

## 19. Other Matters

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

## References

- ACSQHC, National Safety and Quality Health Service Standards, 2<sup>nd</sup> edition, 2021.
- Health Services (Health Service Establishment) Regulations (VIC) 2013.
- Safer Care Victoria, Credentialing and scope of clinical practice for senior medical practitioners' policy, April 2020.

## 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