

<b>KEILOR PRIVATE</b>		
<b>MANUAL:</b>	ORGANISATIONAL MANUAL	
<b>SECTION:</b>	CORPORATE	
<b>TITLE:</b>	BYLAWS	
<b>Policy Number:</b> OM-CO-0003	<b>Version No 12</b>	
<b>Effective Date:</b> August 2024	<b>Date of next Review:</b> August 2026	

**VISITING MEDICAL PRACTITIONER BYLAWS**

**Introduction**

Keilor Private is committed to delivering exceptional healthcare through Accessibility, Care, and Expertise. These values underpin the services provided by our dedicated staff and Medical Practitioners.

As a trusted healthcare provider, Keilor Private strives to foster strong connections with the community and General Practitioners, ensuring accessible, high-quality care for all. We are dedicated to maintaining a highly professional workforce, continuously improving services and facilities, and implementing effective management practices to support outstanding patient outcomes.

Medical Practitioners play a vital role in upholding the hospital’s standards of excellence, ensuring that every patient admitted to Keilor Private receives exceptional care and that professional performance among all accredited practitioners remains at the highest level. Use of the hospital’s facilities by Medical Practitioners is contingent upon compliance with the Medical Bylaws.

**PROCEDURE**

**Application**

Applicants for clinical privileges at Keilor Private complete the appropriate application forms, read a copy of these bylaws, Keilor Private clinical governance framework policy, confidentiality and privacy agreement, and provide supporting documentation documented below and submit to the Chief Executive Officer (CEO) for consideration by the Medical Advisory Board (MAB).

Requirements:

1. Proof of identity based on a 100-point check of original documents.
2. Original qualifications or certified copy, including the primary medical degree and a certified translation when not in English.
3. Original or certified copy of specialist qualifications and a certified translation when not in English.
4. Procedural qualifications (where applicable).
5. Other evidence of training and clinical experience, as required.
6. Evidence of current compliance with all maintenance of professional standard requirements as determined by specialty colleges.
7. Medical registration including:
  - a. current medical board of Australia (AHPRA) registration

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- b. confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
  - c. confirmation of the type of registration (for example, general or specialist).
- 8. Health / immunisation status, if applicable (this may be discussed privately with the Director of Nursing (DON) who will then be responsible for deciding how this will affect the scope of clinical practice).
- 9. 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:
  - a. copies of compliance certificates
  - b. and/or statements verifying CPD participation by the relevant college or Australian Medical Association.
- 10. Employment and/or visiting history
  - a. a current curriculum vitae (verified by checking with other sources)
  - b. clinical appointments
  - c. academic appointments and teaching experience
  - d. quality activities.
- 11. Referee checks
- 12. Working With Children (WWC) checks, if available
- 13. Medical Indemnity Insurance – current policy

**Changing, extending or reducing scope of clinical practice**

Where new clinical 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 Medical Advisory Board must be provided with the following information:

- 1. The change to the scope of clinical practice requested
- 2. Additional procedural qualifications or experience related to the requested change
- 3. Medical indemnity insurance information, ensuring the cover reflects the requested change to the scope of practice
- 4. College certificate or evidence of relevant CPD, confirming with the relevant college if indicated.

**Annual requirements**

To fulfil annual credentialing requirements, each year the practitioner must provide Keilor Private with evidence of:

- 1. Current registration (where it cannot be sufficiently verified online)
- 2. Relevant CPD
- 3. Medical indemnity insurance information.
- 4. Certification / Recertification of ongoing competency in adult colonoscopy (3 yearly, if applicable)

**Provisional accreditation**

In advance of a decision by the Medical Advisory Board on a practitioner's application for accreditation, verbal permission may be given by the Chief Executive Officer and Director to enable the practitioner to utilise the facilities on an interim basis providing all the required documentation has been reviewed and is compliant.

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### **Credentialing process**

The MAB is responsible for confirming that requests for clinical privileges fit with the needs and capability of Keilor Private. The Medical Advisory Board have sole discretion as to whether an applicant shall be accredited.

Following accreditation approval, the practitioner shall be advised of clinical privileges granted, and shall be entitled to exercise only those clinical privileges specifically granted by the Medical Advisory Board. Medical Practitioners shall be granted privileges to admit and treat patients, subject to the provisions of these bylaws and with agreement to these bylaws.

### **TERMS OF APPOINTMENT**

#### **Keilor Private admitted patient exclusion criteria**

The Accredited Registered Medical Practitioner abides by Keilor Private Admission exclusion criteria as set out in policy (OM-CL-0001):

- Minors deemed inappropriate for treatment in an adult facility (ie. Under 18 years of age)
- Patients 135kg or greater
- Patients BMI > 45
- Marked cognitive impairment or patients at risk of delirium
- Requirement for blood and blood products
- Patients requiring airborne transmission precautions or negative pressure rooms
- Patients at risk of self-harm and/or suicide
- History of aggression

#### **Clinical responsibilities**

- The responsible medical practitioner is to ensure that the consent of all patients to all treatment, medical, surgical and otherwise is obtained prior to the treatment being undertaken.
- The responsible medical practitioner is to ensure that all patients admitted by them have made arrangements to be accompanied home by a responsible adult.
- The responsible medical practitioner shall record in the patient's notes a statement of diagnosis and relevant medical notes during the time of admission.
- A statement of discharge diagnosis and medication shall be clearly written in the patient's notes by the medical practitioner directing such treatment.
- Telephone orders will be accepted by the In Charge Nurse only and signed by the responsible medical practitioner within 24 hours.
- The responsible medical practitioner will ensure that all patients have adequate written discharge instructions.
- If the responsible medical practitioner has left the premises and a nurse calls for assistance in the event of a patient emergency, the medical practitioner must make every attempt to immediately return the hospital.

The Accredited Registered Medical Practitioner:

- must be appropriately qualified, experienced and currently registered by the Medical Board of Australia to practice Medicine in the State of Victoria and covered by current Medical Indemnity Insurance, for the practice they undertake
- is responsible for disclosing personal, legal or professional impediments to fulfilling the requirements of the role or that could affect patient safety.
- will have full professional responsibility for their patients.

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- will behave in a professional and ethical manner at all times.
- will be required to conform to the prescribed bylaws and protocols concerning practice at Keilor Private.
- must provide services in accordance with the terms of the agreements that Keilor Private has entered into with private insurance funds from time to time.
- must maintain professional standard requirements relevant to their area of practice and agree to participate in peer review and quality assurance processes of Keilor Private.
- must be collaborative in teaching staff.
- will restrict activities to those scope of practice for which they are accredited and within the scope of practice of Keilor Private.
- is required to immediately notify the CEO of any conditions imposed on their practice by AHPRA, withdrawal of competency or restriction on activities made by the Medical Board of Australia, Australian Health Practitioner Regulation Agency, their Professional Medical Indemnity provider, or a national body for certification of competence in their discipline.
- must provide full immunisation history, including evidence of COVID 19 and/or flu vaccination, and/or any other mandatory vaccination as required by Victorian law.
- proceduralists must undertake colonoscopy certification and subsequent recertification every three years, and provide evidence of completion.
- meet the requirements of the Colonoscopy Clinical Care Standard, noting the quality statements –

‘A patient’s colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the requirements of an accepted certification and recertification process. Sedation or anaesthesia, and clinical support are provided by credentialed clinicians working within their scope of clinical practice’, and

‘When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.’

### **Conduct of procedures**

Procedures shall be undertaken in accordance with the relevant professional body governing the medical practitioners conduct.

Practitioners will negotiate sessions with the CEO subject to availability and in anticipation of patient load and expressions of interest.

If utilisation drops below a reasonable level of time allocated, the hospital reserves the right to re-negotiate session time, after consultation with the medical practitioner concerned.

Cancellation of a procedure list should occur only if reasonable notice of cancellation has been provided. Every effort is to be made by the practitioner to engage an approved locum. Support with this is provided by the CEO.

The hospital reserves the right to make casual bookings for any session or part thereof where vacancies exist according to demand.

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The patient's name, date of birth, contact details, nature of the procedure, Insurance status, and Ambulance Insurance status shall be notified to reception at least two days, and where requested, one week before a procedure session.

### **Anaesthetics**

The Anaesthetist, or certified General Practice Anaesthetist:

- Ensure that the necessary liaison with the anaesthetist takes place for the proper pre and post-operative care of the patient.
- Provide administration of anaesthetics to a patient, or directly supervise administration.
- Shall not leave the hospital any earlier than 15 minutes after the end of the last procedure. Must review the post procedure patients and ensure they assess their clinical status (i.e. the patients are awake and can sit up).
- Will ensure that prior to leaving the facility that all patients are safe to be discharged after 60 minutes recovery time.
- Will ensure that they are immediately contactable by the facility until all patients under their care have been discharged.
- Will, where possible and practical, be collaborative in providing pre-admission assessment of patients.

### **Provision of Staff, Equipment and Maintenance**

The hospital shall ensure that adequate and competent nursing care is provided when and where necessary.

The hospital shall provide appropriate equipment and ensure that such is maintained in good working order, checked at regular intervals, and operated by trained and approved personnel.

The hospital shall provide for maintenance and regular checking of all emergency equipment.

### **In case of emergency**

The hospital is authorised to take such action as it sees fit in the interests of the patient. This may include a request for attention by an available medical practitioner. In such cases the following provisions will apply:

- The patient's medical practitioner will be advised of the circumstances of the emergency and action taken at the earliest possible opportunity.
- The care of the patient will be resumed by the responsible medical practitioner as soon as possible.

If the anaesthetist has left the premises and a nurse calls for assistance in the event of a patient emergency, the anaesthetist must make every attempt to immediately return to the hospital.

### **Breaches of practice at Keilor Private**

Any complaint concerning a medical practitioner will be dealt with by the CEO and Medical Advisory Board after consultation with the Practitioner.

In any dispute it is hoped that the problem can be resolved so that all parties are content with the final outcome. In an unresolved dispute situation, it is envisaged that a tribunal will be formed comprising of:

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- Faculty/College representation
- AMA representation
- A representative of the Hospital
- A General Practitioner

The decision of the tribunal will be given to the Medical Advisory Board who will advise the Governing Body.

**Resignation or termination of services**

A medical practitioner may resign at any time, and the Medical Advisory Board reserves the right to withdraw accreditation at any time upon giving at least 14 days notice but without necessarily giving reasons for withdrawal of those privileges.

If it is the opinion of the Medical Advisory Board that patient safety is at risk, the Medical Advisory Board may withdraw accreditation at any time without notice and that withdrawal shall remain in effect until such time as the Medical Advisory Board has considered and either validated or reversed that decision.

**Amendment of By-Laws**

These bylaws and any Regulation made pursuant to them from time to time may be amended by submission of and proposed amendment to a meeting of the Medical Advisory Board. Proposed amendments shall be adopted if approved by 70% of members present at the meeting.

**Timeframe for review**

Two years from approval date or when evaluation indicates that significant non-compliance exists.

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## **Supporting Documents / Documents of interest**

Australian Commission on Safety & Quality in Healthcare, Standard for Credentialing and Defining the Scope of Clinical Practice. A Guide for Professional, Clinical and Administrative Processes. December 2015, accessed January 2025, available:

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/credentialing-health-practitioners-and-defining-their-scope-clinical-practice-guide-managers-and-practitioners>

Health Services (Health Service Establishments) Regulations 2024. 31 August 2024, accessed January 2025 available: <https://content.legislation.vic.gov.au/sites/default/files/2024-08/24-077sra-authorized.pdf>

Australian Commission on Safety and Quality in Health Care, Colonoscopy Clinical Care Standard, January 2020, accessed January 2025, available: <https://www.safetyandquality.gov.au/standards/clinical-care-standards/colonoscopy-clinical-care-standard>

Australian Commission on Safety & Quality in Healthcare. National Model Clinical; Governance Framework. Sydney: ACSQHC 2017, accessed January 2025, available: <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>

Health Practitioner Regulation National Law Act 2009 (version 6, 2019).

Accessed January 2025. Available:

<https://www.legislation.vic.gov.au/in-force/acts/health-practitioner-regulation-national-law-victoria-act-2009/006>

Safer Care Victoria, Credentialing and scope of practice for senior medical practitioners policy (April 2020). Accessed January 2025, available:

<https://www.safercare.vic.gov.au/publications/credentialing-and-scope-of-clinical-practice-for-senior-medical-practitioners-policy>

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