



Monash Surgical Private Hospital

1.0 Introduction

The Board of Directors of Monash Surgical Private Hospital (MSPH), in accordance with governing legislation, standards, codes of practice, and evidence based guidelines, has Medical By-Laws in place for the appointment and re-appointment of Medical Practitioners, delineation of clinical privileges and responsibilities, scope of practice, and roles and responsibilities in relation to Quality, Risk and Safety.

Recognising that accredited Medical Practitioners must accept the primary responsibilities for high quality, and safe, patient care, and that fulfilment of these responsibilities requires co-operative and concerted effort, Monash Surgical Private Hospital agrees to provide professionally competent nursing staff and well maintained facilities.

By accepting an appointment with MSPH all Medical Staff agree to comply with the MSPH By-Laws.

2.0 Membership

To have clinical privileges with, or provide clinical service to, MSPH, a Medical Practitioner must first be a credentialed member.

Membership shall only be extended to professionally competent Medical Practitioners who can provide documented evidence of required qualifications, required skills, authentic documented experience, current registration, current Professional Indemnity Insurance, acceptable referees, and evidence of on-going related education; and be of “good character”.

The following are requisites for Medical Practitioner membership:

- Each member will be a legally qualified Medical Practitioner registered to practice in the state of Victoria. Evidence of current registration with the Victorian Board of the Medical Board of Australia must be provided.
- Each member will be a legally qualified Medical Practitioner registered with the Australian health Practitioners’ Agency (AHPRA). Evidence of current registration with AHPRA must be provided.
- Each member must provide evidence of current Professional Indemnity Insurance cover. Each member is obliged to immediately notify the Medical Director, or in his absence the Director of Nursing, of any changes to their Medical Registration or Professional Indemnity. Failure to do so will result in immediate suspension of Clinical Privileges.
- A signed Declaration that stipulates there is/has been no:
 - Medico legal action taken against the applicant which may have limiting effect on - the applicant’s clinical practice.
 - Previous Board restrictions.
 - Registration restrictions.
 - No criminal history
 - No report of misconduct against them
- Provide documented evidence to support the scope of practice applied for.
- Doctors who wish to undertake IVF procedures at this hospital must have a CREI certificate or at least one year’s full-time training in IVF at an approved organisation, or unless otherwise approved by Medical Director.
- Two (2) appropriate referees.
- Proof of identity.



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3.0 Terms of Appointment

3.1 Appointment Process

- 3.1.1** Application is made by submitting a signed, completed “Medical Practitioner Application Form” to the Medical Director, along with original or certified copies of required documentation, and referees.
- 3.1.2** The Medical Director will facilitate a formal checking process for every application. Once deemed valid, and a suitable applicant for admission to membership, the application and supporting documents are forwarded to the Chairman of the Medical Advisory Committee (MAC) to be tabled at the Medical Advisory Committee.
- 3.1.3** The Medical Advisory Committee will:
- Consider the application, required current registration, restrictions on registration, qualifications, skills, relevant experience, on-going professional development, competence, scope of practice, professional character and standing, current professional indemnity insurance, and the presence of any criminal record.
 - Consult with the referees named by the applicant.
 - Submit recommendations to the Board of Directors via the Medical Director.
- 3.1.4** Formal appointment to the Medical Service will be made by the Board of Directors after considering the recommendations. Approved appointments will be for a three (3) years, and will terminate on 30th September in the appropriate year. The Board of Directors will have absolute discretion as to whether an applicant should be credentialed with MSPH and the terms of such credentialing.
- 3.1.5** The Board of Directors may refuse to appoint any person recommended by the Medical Advisory Committee without giving any reason for such refusal.
- 3.1.6** Each appointed member will observe the terms of clinical privileges, and scope of practice, granted. The clinical privileges and scope of practice for a member may be varied by The Board of Directors after considering any advice from the Medical Advisory Committee.

3.2 Provisional membership

The Medical Director has the power to allow the provisional commencement of an applicant while awaiting formal recommendation by the MAC and/or short term requirements for clinical privilege. Any interim provision of clinical privileges shall be valid for a period of no longer than three months. Clinical oversight will occur during this period of time.

3.3 Re-appointments

- 3.3.1** Subject to these By-laws, each member will be eligible for re-appointment.
- 3.3.2** No member will be required to re-apply for membership in writing.
- 3.3.3** Clinical privileges and scope of practice and performance will be reviewed during this period of time.



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3.3.4 The Medical Advisory Committee shall make a recommendation to the Board of Directors within the relevant membership period of each member. The Board of Directors may refuse to re-appoint a Medical Practitioner without giving any reason for such refusal.

3.4 Retirement Age

The quality of the medical practice, and performance, of any member of the Medical Service will be subject to special review at any age, at any time, by the Medical Advisory Committee in the light of the physical and mental capability of the member to discharge patient care responsibilities.

3.5 Suspension of Clinical Privileges

3.5.1 Where the conduct of a member prejudices or is likely to prejudice the welfare of any patient or the good reputation of the hospital, the clinical privileges of that member may be suspended by the Medical Director.

3.5.2 When clinical privileges are suspended notice will be given by the Medical Director of the suspension to the Practitioner involved and the Medical Director will advise the Medical Advisory Committee of the suspension and the circumstances of the suspension as soon as reasonably possible.

3.5.3 Within seven days of receipt of notice pursuant to clause 3.5.2, a specially convened meeting of the Medical Advisory Committee will recommend either the reinstatement, compulsory leave of absence, termination of appointment, or modification to the clinical privileges and/or scope of practice, of the member concerned.

3.5.4 The Medical Director will advise the member concerned in writing of the recommendation by the Medical Advisory Committee as soon as reasonably possible.

3.5.5 Upon receipt of the final recommendation of the Medical Advisory Committee, the Board of Directors will make a final decision and notify the member concerned of that decision.

3.6 Appeal

3.6.1 Any applicant for, or member of, the Medical Service, who feels aggrieved by a decision of the Board of Directors, or Medical Advisory Committee, as to appointment, re-appointment, termination of appointment, variation or reduction of clinical privileges or scope of practice, compulsory leave of absence, may apply to the Board of Directors in writing for re-consideration of that applicant or member's case.

3.6.2 The applicant/member shall be given sufficient notice of the Appeal hearing, including the substance of the particular allegation or material adverse to them, and any evidence of factual material upon which the Board of Directors proposes to rely.

3.6.3 The applicant/member will be given the opportunity to appear before the Committee.

3.6.4 The Medical Director and any member of the Medical Advisory Committee who has deliberated on any substantive decision affecting the appellant must not sit on the Board of Directors' meeting in its appeal capacity.

3.6.5 The Medical Director shall present the case against the applicant/member.



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3.6.6 The Board of Directors will consider such an appeal as expeditiously as possible and inform the appellant in writing of its decision. The Board of Directors' decision in matters of appeal will be final and binding and no further appeal will lie.

3.7 No Action in Law or Equity

No applicant for, or member of the Medical Service, will have any claim at law or in equity under any circumstances against the Board of Directors, its members, the Medical Director, the Director of Nursing, the hospital, its employees, or its advisors in respect of any refusal to appoint or re-appoint or any termination of appointment or any suspension, variation, or reduction of clinical privileges or scope of practice, or any order for compulsory leave of absence or any other decision made by any of them.

4.0 Clinical Privileges of members

Members have the right to admit and treat patients subject to MSPH Medical By-Laws, MSPH policies and procedures, governing legislation, standards, codes of practice, codes of conduct and evidence based guidelines, and the terms of the clinical privileges granted by the Board of Directors.

He or she may exercise only those privileges granted by the Board of Directors.

Privilege determinations shall be based on qualifications, skills, demonstrated competence, experience, prior and continuing education, and performance assessment.

Modification of delineated clinical privileges and/or scope of practice, is subject to the same member's approval process as described in these By-laws.

5.0 Medical Personnel Categories

The Medical Service consists of the following categories:

- Specialist Medical Personnel
- General Practitioner Assistant
- Emeritus

Specialist Medical Personnel are those authorized to admit and attend patients in the hospital with privileges as defined by the Board of Directors.

General Practitioner Assistants are those Practitioners authorized to assist at operations/procedures within the hospital.

Emeritus Medical Personnel are those Practitioners who, having retired from active hospital service, or being of outstanding reputation, are honoured by the Emeritus rank. Emeritus Medical Personnel shall not be required to perform active medical duties. Emeritus Medical Personnel status may be terminated with or without cause by the Board of Directors on recommendation of the Medical Director. Procedural or fair hearing rights do not apply to the failure to grant, or termination of, Emeritus Medical Personnel status.

6.0 Medical Advisory Committee (MAC)

6.1 Constitution of the Committee

There shall be an appointed Medical Advisory Committee by the Board of Directors of MSPH to oversee the medical and clinical related affairs of MSPH in accordance with these By-laws and within its terms of reference. The Medical Director shall be a member of the Committee at all times.



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6.2 Chairperson

The Chairperson of the Medical Advisory Committee shall be the Medical Director of MSPH. The Chairperson shall have an ordinary vote and, in the event of an equality of votes, a casting vote. In matters regarding credentialing the Director of Nursing will assume the role of Chairperson.

6.5 Medical Advisory Committee Membership

The MAC will consist of six (6) elected members, plus the Chairman, with a required quorum of 50% of members present to convene. The period of time of a serving member of the MAC is three (3) years, after which the position on the committee is open for election/re-election.

6.3 Purpose and Frequency of Meetings

The Medical Advisory Committee shall meet six monthly to dispatch its business, oversee the clinical governance of the organisation, oversee the medical practitioner credentialing and re-credentialing process, provide antimicrobial stewardship, and support the Quality, Risk and Safety Programs.

6.4 Reporting Structure

The Chairman of the MAC will report directly to the Board of Directors and the Leadership Committee. The team leaders on the Leadership Committee will convey all information to the members of their services. The Medical Advisory Committee will nominate one member to membership on the Leadership Committee.

7.0 Communication between the Board of Directors and Medical Advisory Committee

Any recommendation or communication by the Board of Directors may be communicated to the Medical Practitioners by letter signed by the Medical Director of the MSPH.

Communication from the Medical Practitioners may be communicated or given to the Board of Directors by letter signed by the Medical Director.

8.0 Medical Practitioner General Meetings

8.1 Frequency of Meetings

The Medical Director may convene a meeting of the Medical Practitioners at any time.

8.2. Purpose of the Medical Practitioner General Meeting

The purpose of the Medical Staff Annual General Meeting is to provide a forum for the Medical Practitioners to discuss issues of importance to them and for those issues to be between the MSPH and the Medical Practitioners.

9.0 Clinical Responsibilities

9.1 Continuity of Care

Each Practitioner admitting a patient to the hospital will be responsible for continuity of care for that patient. The Practitioner will:

- Comply with the scope of clinical privileges
- Comply with all statutory and government requirements
- Comply with the Statutory Duty of Candour (SDC) legislative requirements in the event a patient has suffered a serious adverse patient safety event (SAPSE). The Practitioner

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must report a SAPSE to the Director of Nursing if a patient is readmitted to another hospital following discharge from MSPH. MSPH has a legal obligation to comply with the steps set out in the SDC guidelines.

- Be available for contact at all times, either in person or by an alternate
- Notify the Director of Nursing in the event of the Practitioner's unavailability and nominate the alternate who will take care of the patient during the Practitioner's absence or unavailability.

9.2 Emergency Situations

When a Medical Practitioner or the Medical Practitioner's alternate is unavailable, the Director of Nursing, or designate, will take such action as is deemed necessary in the best interests of the patient. This may include request for attention by any available doctor. In such cases the following procedures will apply:

1. The Medical Practitioner will be advised as soon as possible of the circumstances and the action taken and,
2. The patient will be returned to the care of the Medical Practitioner as soon as possible.

9.3 Medical Documentation

A Medical Practitioner will comply with the documentation requirements of the MSPH. These will include:

- Completion of the Pre-Admission Medical Information documents.
- An Operation Report, which will contain a description of the findings, the operative technique used, any tissue removed and the post-operative management.
- Documenting complications or any change in condition that would necessitate referral to another Medical Officer.

9.4 Anaesthetics

9.4.1 The Medical Practitioner who is to perform surgery shall ensure that the necessary liaison with the Anaesthetist takes place for the proper pre- and post-operative care of the patient.

9.4.2 Anaesthetics will only be administered by the Anaesthetist.

9.4.3 Multi dosing of anaesthetics / drugs administered to patients will not be practised.

9.5 Medication Therapy Chart

The Practitioner must clearly document all medications to be administered to a patient and sign the Medication Therapy Chart.

9.6 Intravenous Orders

The Practitioner must document all intravenous fluids to be administered to a patient and sign the appropriate order.

9.7 Consent

The Medical Practitioner will ensure that each patient is adequately informed of the proposed operational procedure and is willing to complete the MSPH consent form, giving the patient's written consent to the proposed operational procedure.



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9.8 Operations

9.8.1 Correct identification and procedure matching

The systems and processes in place to ensure correct patient identification and procedure matching are performed and documented.

9.8.2 Discrepancy of swab or instrument count

In the interest of patients' safety, where in the opinion of the Director of Nursing there is a possibility that a missing swab or instrument may remain in the patient, an X-ray will be ordered by the surgeon responsible for the operation.

9.8.2 Histopathology

Excised tissue will be sent for histopathological examination at the discretion of the operating surgeon.

9.9 Policy and Procedure Manuals

Each member will become familiar with and observe the policies and procedures of MSPH.

9.10 Doctor's Post-Operative "Standing" Instructions

Doctor's Post-Operative "Standing" Instructions may be documented by individual Practitioners for specific post-operative care provided that:

- Instructions are reviewed and signed yearly

10.0 Professional Capabilities

10.1. Interpersonal

The Practitioner will act with dignity, honesty and respect for

- Staff
- Other Medical Practitioners
- Structure of the organisation and its chains of authority and responsibility
- Quality, Risk, & Safety Management initiatives at MSPH

10.2 Personal behaviour

Practitioner will maintain

- Maintain his/her relevant registrations and accreditations
- Maintain his/her "Maintenance of Professional Standards" and documentation of ongoing education through their relevant college.
- Practice with strong focus on "evidence based" medical principles.

10.3 Infection Prevention & Control

10.3.1 Hand Hygiene

Members are to comply with required Hand Hygiene practice at all times.

10.3.2 Immunisation

Immunisation status of each member must be aligned with the recommendations of the Australian Government's National Immunisation Program.

10.3.3 Responsibility when conducting exposure prone procedures

Exposure prone procedures (EPPs) are invasive procedures where there is potential for direct contact between skin, usually finger or thumb of the healthcare worker,



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and sharp surgical instruments, needles, or sharp body parts. During EPPs, there is an increased risk of transmitting blood borne viruses between healthcare workers and patients.

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) - National Health and Medical Research Council (NHMRC):

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare>

- Health care workers who undertake EPPs must take reasonable steps to know their BBV status and be tested for BBVs at least once every 3 years;
- Health care workers who are newly diagnosed with a blood borne virus have a clear responsibility to follow the treatment recommended by their doctor and are to disclose their status to the Medical Director.
- Health care workers living with a BBV can return to performing EPPs, provided they comply with and meet the criteria outlined in the Guidelines (HIV viral load <200 copies/ml, hepatitis B DNA <200 IU/ml, hepatitis C RNA negative);
- All registered HCWs who perform EPPs must confirm when applying for renewal of registration that they comply with the Guidelines.

10.4 General

It is expected that all practitioners will:

- Participate in a documented annual performance review that outlines goals for quality improvement and further education and training and provide a copy upon request.
- Provide documented evidence as a g of training on the use of any new interventions and devices introduced.
- Provide documented evidence upon request of participation in mentoring, peer review and continuing professional development in accordance with the requirements of the relevant professional body .
- Practice principles of privacy legislation.
- Keep confidential all private information of personnel within MSPH.
- Practice in a manner which is cost sensitive and avoids unnecessary waste of materials, service and staff.
- Be aware of 'key performance indicators' in the facility and use best endeavours to achieve these.

11.0 Open Disclosure

It is expected that the practitioner is trained in and adheres to the National Open Disclosure Framework and process.

The Framework's eight guiding principles are:

- Open and timely communication
- Acknowledgement
- Apology or an expression of regret
- Supporting and meeting the needs and expectations of patients, their family and carers
- Supporting and meeting the needs and expectations of those providing health care
- Integrated clinical risk management and systems
- Good governance
- Confidentiality



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A copy of the Open Disclosure Standard is available on request.

12.0 Electronic Recording

Photographs of patient information and operations cannot take place on private electronic devices.

I agree to immediately notify the Medical Director, or in his absence the Director of Nursing, of any changes to my Medical Registration and/or Professional Indemnity. Failure to do so will result in immediate suspension of my Clinical Privileges.

I hereby agree to abide by the By-laws of Monash Surgical Private Hospital for accredited Medical Practitioners as published and circulated periodically.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE: _____