



Health Practitioner By-Laws

Private Hospitals

operated by

Little Company of Mary Health Care Limited

November 2015

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PART A – LITTLE COMPANY OF MARY HEALTH CARE MISSION, VISION AND VALUES

1 MISSION

Our Mission identifies why we exist:

We bring the healing ministry of Jesus to those who are sick, dying, and in need through "being for others":

- in the Spirit of Mary standing by her Son on Calvary;
- through the provision of quality, responsive and compassionate health and aged care services;
- based on Gospel values; and
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

2 VISION

As a Catholic Health, Community and Aged Care provider, to excel, and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

3 VALUES

As stewards of the rich heritage of care and compassion of the Little Company of Mary, we are guided by our values:

- **hospitality:** demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend this to all who come into contact with our services by promoting connectedness and listening and responding openly.
- **healing:** demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical well-being. It is our responsibility to value and consider the whole person and to promote healing through reconnecting, reconciling and building relationships.
- **stewardship:** recognises that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively for the future. We are responsible for: striving for excellence, developing personal talents, material possessions, our environment, and handing on the mission of the Sisters of the Little Company of Mary.
- **respect:** recognises the value and dignity of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour which is contrary to our values.

PART B - INTERPRETATION AND AUTHORITY

4 INTERPRETATION

4.1 Definitions

The following definitions apply in this document

Accreditation means authorisation in writing by the Chief Executive Officer to practise at the Service or to provide services to patients of the Service within a designated Scope of Clinical Practice and in accordance with the conditions specified in that authorisation.

Accreditation Category means one of the nominated categories in clause 14 of these By-Laws.

Accredited means authorised in writing by the Chief Executive Officer to practise at the Service or to provide services to patients of the Service within a designated Scope of Clinical Practice and in accordance with the conditions specified in that authorisation.

Accredited Practitioner means an Allied Health Practitioner, Dentist, Medical Practitioner, Midwife, Midwife Practitioner, Nurse or Nurse Practitioner who has been Accredited.

Act means the relevant act of parliament of the State or Territory which is intended to cover the regulation of private hospitals in that State or Territory including any regulations made pursuant to it.

Allied Health Practitioner means a person other than a Dentist, Medical Practitioner, Midwife, Midwife Practitioner, Nurse or Nurse Practitioner who is registered as a practitioner by a National Board, or other category of person, as determined by the Chief Executive Officer from time to time, who provides health or welfare services.

Application Form means the application form approved by Little Company of Mary Health Care from time to time to be used by Health Practitioners to apply to become Accredited Practitioners.

Board means the board of directors of Little Company of Mary Health Care from time to time.

By-Laws mean these by-laws as amended or replaced from time to time.

Chief Executive Officer means the person appointed as the senior officer of the Service by the Board and in the absence of that person shall include the person appointed to act in that position for the time being.

Clinical Review Sub-Committee means a committee established in accordance with clause 30 of these By-Laws.

Code of Ethical Standards for Catholic Health and Aged Care means the Catholic Health Australia *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (published by Catholic Health Australia).

Consultant Emeritus means a Medical Practitioner or Dentist who has provided distinguished service to the Service and who has retired from active practice or is

otherwise a member of the medical or dental profession of outstanding merit or extraordinary accomplishment.

Credentials means the qualifications, professional training, clinical experience and training and experience in leadership, research, education, communication and teamwork that contribute to a Health Practitioner's competence, performance and professional suitability to provide safe, high quality health care services.

Credentials and Scope of Clinical Practice Committee means a committee established in accordance with clause 31 of these By-Laws.

Current Fitness is the state of physical and mental health necessary for an applicant or Accredited Practitioner to carry out the Scope of Clinical Practice sought or currently held. A person is not to be considered as having Current Fitness if that person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect their physical or mental capacity to practice medicine, dentistry, allied health, nursing or midwifery (as the case may be) and carry out the Scope of Clinical Practice sought or granted. Without limitation, where the Chief Executive Officer has a reasonable apprehension that an applicant or Accredited Practitioner may misuse drugs or alcohol in a manner which is illegal and/or may impair their work performance, that applicant or Accredited Practitioner does not have Current Fitness.

Dentist means a person who is registered as such by the Dental Board of Australia.

Director of Clinical Services means the person appointed by the Chief Executive Officer to that position (howsoever named) and in the absence of that person the person appointed to act in that position for the time being.

Director of Medical Services means the person appointed by the Chief Executive Officer to that position (howsoever named) and in the absence of that person the person appointed to act in that position for the time being.

Director of Mission means the person appointed by the Chief Executive Officer to that position (howsoever named) and in the absence of that person the person appointed to act in that position for the time being.

Executive Management Committee means a committee established in accordance with clause 11 of these By-Laws.

Executive Staff means the staff appointed in accordance with clauses 6 to 9 of these By-Laws.

General Conditions of Accreditation mean the general conditions of accreditation set out in Schedule 1 to these By-Laws, as may be amended or replaced from time to time.

General Practitioner means a Medical Practitioner who is included as such on the 'Specialist Register' of the Medical Board of Australia.

Health Practitioner means a person who is registered as a practitioner by a National Board or other category of person, as determined by the Chief Executive Officer from time to time, who provides health or welfare services.

Hospital Medical Practitioner means a Medical Practitioner employed or engaged by Little Company of Mary Health Care to provide care and treatment of patients under the supervision of an Accredited Medical Practitioner.

Hospital Services means the provision of premises, facilities, equipment and administrative and support services, day and overnight stays and other services of a kind ordinarily provided within a hospital setting, but does not include Medical Services.

Little Company of Mary Health Care means Little Company of Mary Health Care Limited ABN 11 079 815 697.

Little Company of Mary Health Care Code of Conduct means the code of conduct, howsoever named, approved and published by Little Company of Mary Health Care from time to time.

Little Company of Mary Health Care Philosophy means the Little Company of Mary Health Care Philosophy of Health, Community and Aged Care Services, howsoever named, and published by Little Company of Mary Health Care from time to time.

Medical Advisory Committee means the medical committee (howsoever described) established in accordance with clause 30 of these By-Laws.

Medical Association means the association of Medical Practitioners and Dentists who are Accredited Practitioners at the Service, being an unincorporated association.

Medical Practitioner means a person who is registered as such by the Medical Board of Australia.

Medical Services means professional services provided to patients by a Medical Practitioner in his or her capacity as a Medical Practitioner.

Midwife means a person who is registered as such by the Nursing and Midwifery Board of Australia.

Midwife Practitioner means a Midwife whose registration is endorsed as such by the Nursing and Midwifery Board of Australia.

National Board means a national board established under the *Health Practitioner Regulation National Law Act 2009* (Qld).

National Chief Executive Officer means the person appointed by the Board as the executive responsible for managing Little Company of Mary Health Care.

National Clinical Governance Committee means the committee (howsoever named) established by the National Chief Executive Officer to oversee the development and implementation of clinical governance within Little Company of Mary Health Care and at each Service.

National Statement means the National Health and Medical Research Council's 'National Statement on Ethical Conduct in Human Research'.

New Clinical Services, Procedures or Other Interventions means clinical services that are new to the Service, require more than incremental change in the way in which health care services are delivered at the Service and:

- (a) have been established in other organisational settings and are deemed by a responsible body of medical opinion as clinical services, procedures or other interventions that will benefit patients; or
- (b) remain experimental, and therefore subject to review by a 'Human Research Ethics Committee' constituted in accordance with the requirements of the National Health and Medical Research Council from time to time.

They may, but will not necessarily, be innovative, complex or costly.

Nurse means a person who is registered as such by the Nursing and Midwifery Board of Australia, other than a Nurse Practitioner or Midwife Practitioner.

Nurse Practitioner means a nurse whose registration has been endorsed as such by the Nursing and Midwifery Board of Australia.

Officer has the meaning given to it by the *Corporations Act 2001* (Cth).

Patient Confidential Information means information of a confidential nature relating to the personal circumstances or medical condition of a particular patient of the Service.

Representative means any director, officer, employee, agent or contractor of the Service.

Scope of Clinical Practice (sometimes called clinical privileges) means the extent of clinical practice (including the use of facilities or specialised equipment or the performance of specific operations or procedures) which an Accredited Health Practitioner is authorised to undertake within the Service based upon the individual's Credentials, competence, performance and professional suitability and the needs and capability of the Service.

Service means a facility utilised by Little Company of Mary Health Care for the provision of health, aged care and community care services to which the Board determines these By-Laws are to apply, and includes facilities to which patients are admitted, residential aged care facilities operated by Little Company of Mary Health Care and community-based settings in which non-admitted services are provided. For the purposes of these By-Laws, 'Service' means the facility identified on the front page of these By-Laws or for the avoidance of doubt the facility making these By-Laws available.

Service Clinical Governance Committee means a committee (howsoever named) established by the Service to oversee the development and implementation of clinical governance within the Service.

Service Confidential Information means information of a confidential nature relating to the facilities, equipment, services, staff, management, business or affairs of the Service and/or Little Company of Mary Health Care, but does not include Patient Confidential Information. Information is not confidential where it is publicly available other than as a result of a breach of these By-Laws.

Specialist Practitioner means a person who is included on the 'Specialist Register' by the Medical Board of Australia, but does not include a General Practitioner.

Staff Specialist means a means a Specialist Practitioner employed by the Service to attend patients.

State or Territory means the state or territory in which the Service operates.

Surgical Assistant means a Medical Practitioner who assists an Accredited Medical Practitioner perform operative procedures.

4.2 General Interpretation

(a) Rules for interpreting this document

In these By-Laws headings are for convenience only and do not affect interpretation.

The following rules also apply in interpreting these By-Laws, except where the context makes it clear that a rule is not intended to apply:

- (i) A reference in these By-Laws to any law, legislation or legislative provision includes any statutory modification, amendment or re-enactment, and any subordinate legislation or regulations issued under that legislation or legislative provision.
- (ii) A reference to a document or agreement, or a provision of a document or agreement, is to that document, agreement or provision as amended, supplemented, replaced or novated.
- (iii) A reference to a clause, schedule or attachment is a reference to a clause, schedule or attachment of or to these By-Laws.
- (iv) A singular word includes the plural, and vice versa.
- (v) A word which suggests one gender includes the other genders.
- (vi) If a word is defined, another part of speech has a corresponding meaning.
- (vii) If an example is given of something (including a right, obligation or concept), such as by saying it includes something else, the example does not limit the scope of that thing, and for the avoidance of doubt a reference to the word 'include' or 'including' is to be interpreted without limitation.
- (viii) A reference in these By-Laws to a working day means a day other than a Saturday or Sunday on which banks are open for business generally in the State or Territory where the Service is situated. If the day on which any act, matter or thing is to be done under these By-Laws is not a working day, the act, matter or thing must be done on the next working day.
- (ix) Any schedules and attachments form part of these By-Laws.

(b) Titles

In these By-Laws where there is the use of the title "chairperson" the incumbent of that position for the time being may choose to use whichever designation that person so wishes.

(c) Quorum

For any meeting except a meeting of the Medical Association or the Medical Advisory Committee, unless otherwise provided by the Board:

- (i) where there is an odd number of members of the committee or group, a majority of the members for the time being constitutes a quorum; or
- (ii) where there is an even number of members of the committee or group, one half of the number of the members plus one for the time being constitutes a quorum.

(d) **Resolutions without meetings**

A decision or resolution may be made or passed by a committee or group established pursuant to these By-Laws (except an Appeal Committee established in accordance with clause 26.2) in writing without a meeting if all the committee or group members (as the case may be) who are entitled to vote on the matter sign the document or documents or identical copies of it or them. The decision or resolution shall be treated as having been made or passed at a meeting of the committee or group held on the day and at the time that the last committee or group member signs.

(e) **Meetings by electronic means**

A committee or group established pursuant to these By-Laws may hold any meeting by electronic means whereby participants can be heard and can hear but are not necessarily in the same place, including by teleconference or videoconference. The requirements of these By-Laws shall nonetheless apply to such a meeting.

(f) **Confidentiality**

Subject to the law and the other terms of these By-Laws, information provided to any committee or person which is provided in confidence shall be regarded as confidential and is not to be disclosed to any third party or beyond the particular forum in which such information is made available.

(g) **Voting**

Unless otherwise specified in these By-Laws, voting shall be on a simple majority basis and only by those in attendance at the meeting of the relevant committee or group and there shall be no proxy vote or appointment of alternates.

5 AUTHORITY TO MAKE OR AMEND THESE BY-LAWS

The Board is empowered to make By-Laws, policies and rules for the operation of the Service, as it may deem necessary from time to time. The Board may from time to time make, vary or revoke these By-Laws. The Board shall review these By-Laws at least every three years.

PART C - MANAGEMENT OF THE SERVICE

6 CHIEF EXECUTIVE OFFICER

The Board, in consultation with the National Chief Executive Officer, shall appoint a Chief Executive Officer of the Service. The Chief Executive Officer shall:

- (a) be the senior officer of the Service, responsible for the promotion of the Mission, Vision and Values of Little Company of Mary Health Care through the provision of excellence in health care and to whom all staff, through their respective line management arrangements, shall be responsible and accountable;
- (b) be the spokesperson and, other than in exceptional circumstances, the channel for all communications to and from the Service;
- (c) ensure due observance by the Service and its Representatives of the Act, all other statutes, these By-Laws and all other legal requirements;
- (d) be responsible for the management and development of the Service, its facilities, staff, equipment and other resources to acceptable standards in accordance with the policies and directives of the Board from time to time;
- (e) ensure the National Chief Executive Officer is promptly informed of all significant risks or events at the Service which have strategic significance;
- (f) be responsible for implementing effective systems to govern the safety and quality of care provided by the Service; and
- (g) promote the Service as a centre of excellence, so that staff and associates are enabled to work together effectively and efficiently to provide safe, high quality care for patients, their families and carers.

7 DIRECTOR OF CLINICAL SERVICES

The Director of Clinical Services shall be responsible to the Chief Executive Officer for:

- (a) assisting to promote the Mission, Vision and Values of Little Company of Mary Health Care through the provision of excellence in health care;
- (b) clinical leadership;
- (c) undertaking such senior roles and responsibilities as are delegated by the Chief Executive Officer;
- (d) ensuring compliance with jurisdictional requirements for licensing of the Service;
- (e) ensuring at all times either personal availability or availability of a suitably qualified and experienced Health Practitioner with delegated authority to lead staff in the event of an emergency; and
- (f) promoting the Service as a centre of excellence, so that staff and associates are enabled to work together effectively and efficiently to provide safe, high quality care for patients, their families and carers.

8 DIRECTOR OF MISSION

The Director of Mission shall be responsible to the Chief Executive Officer for:

- (a) working in collaboration with him or her in articulating, promoting and communicating throughout the Service, the healing ministry of Jesus as expressed in the Mission, Vision and Values of Little Company of Mary Health Care; and
- (b) promoting the Service as a centre of excellence, so that staff and associates are enabled to work together effectively and efficiently to provide safe, high quality care for patients, their families and carers.

9 EXECUTIVE STAFF

The Chief Executive Officer in consultation with the National Chief Executive Officer and consistent with the Service's strategy and resources may appoint and remove any other executive staff members he or she deems appropriate for the Service.

10 COMMITTEES OF THE SERVICE

- (a) The following committees (howsoever named) shall be established:
 - (i) Executive Management Committee;
 - (ii) Service Clinical Governance Committee;
 - (iii) Medical Advisory Committee;
 - (iv) Credentials and Scope of Clinical Practice Advisory Committee; and
 - (v) Clinical Review Sub-Committee.
- (b) All such committees shall have a membership, chairperson, secretary, terms of reference and meeting procedure as set out in these By-Laws or as otherwise determined, in writing, by the Chief Executive Officer from time to time (under delegation from the Board).
- (c) The Chief Executive Officer in consultation with the National Chief Executive Officer and consistent with the Service's strategy and resources may establish and dissolve any other committees which are deemed necessary from time to time.

11 EXECUTIVE MANAGEMENT COMMITTEE

11.1 Role

The Executive Management Committee is a forum at which the Executive Staff of the Service work collectively, as a team:

- (a) towards fulfilling the Mission, Vision and Values of Little Company of Mary Health Care and developing the Service as a centre of excellence through promoting the core values of respect for the person and for the gift of life, and of healing, hospitality and stewardship; and
- (b) to consider financial, staff, operational, clinical and strategic matters relevant to the Service.

11.2 Membership and Chairperson

- (a) The Executive Management Committee shall comprise:
 - (i) Chief Executive Officer;
 - (ii) Director of Finance and Administration (howsoever named);
 - (iii) Director of Clinical Services (howsoever named);
 - (iv) Director of Mission; and
 - (v) any other person by invitation from the Chief Executive Officer.
- (b) The Chief Executive Officer shall be chairperson.

11.3 Meetings

The following shall pertain to meetings of the Executive Management Committee:

- (a) meetings shall be held at least ten times a year with five working days' notice to be given of each meeting;
- (b) the Chief Executive Officer shall ensure that there is a minute secretary available to record the minutes of the Executive Management Committee;
- (c) no business shall be considered at a meeting of the Executive Management Committee until the minutes of the previous meeting have been confirmed or otherwise dealt with;
- (d) minutes of a meeting shall be confirmed by resolution (other than decisions or resolutions in writing under clause 4.2(d)) and signed by the chairperson of the meeting at which the proceedings took place or by the chairperson of the next succeeding meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat; and
- (e) items of strategic or operational significance shall be referred by the chairperson to the National Chief Executive Officer or his or her authorised delegate.

12 SERVICE CLINICAL GOVERNANCE COMMITTEE

12.1 Role

The Service Clinical Governance Committee shall:

- (a) assist the Service to fulfil the Mission, Vision and Values of Little Company of Mary Health Care and to develop as a centre of excellence through promoting the core values of respect for the person and for the gift of life, and of healing, hospitality and stewardship;
- (b) monitor and review the activities and recommendations of all clinical committees of the Service, as required from time to time;
- (c) refer patient safety and quality issues (as appropriate and in accordance with policy) to the Executive Management Committee, the Medical Advisory Committee or the National Clinical Governance Committee, for the relevant committee or committees to address;
- (d) receive and respond to referrals from the Executive Management Committee;
- (e) refer items of strategic or operational significance to the Executive Management Committee;
- (f) assist the Executive Staff to plan and implement a patient safety and quality program to ensure appropriate standards for, and continuously improve the design and performance of, the Service's systems of care;
- (g) assist the Executive Staff to establish a comprehensive performance monitoring framework and to monitor the Service's performance across all dimensions of safety and quality, including patient satisfaction;
- (h) report to the Medical Advisory Committee and Executive Management Committee on progress in implementing the safety and quality program, patient care and clinical issues relevant to the roles of those committees and actions proposed to improve safety and quality of care; and
- (i) liaise and collaborate with the National Clinical Governance Committee on significant clinical safety, quality and governance issues.

12.2 Membership and Chairperson

The Chief Executive Officer, following consultation with the Executive Management Committee, shall determine the membership and chairperson of the Service Clinical Governance Committee.

12.3 Meetings

The following shall pertain to meetings of the Service Clinical Governance Committee:

- (a) meetings shall be held at least bi-monthly with five working days' notice to be given of each meeting;
- (b) the Chief Executive Officer shall ensure that there is a minute secretary available to record the minutes of the Service Clinical Governance Committee;

- (c) minutes shall be distributed to all those entitled to attend meetings of the Service Clinical Governance Committee prior to the next meeting;
- (d) no business shall be considered at a meeting of the Service Clinical Governance Committee until the minutes of the previous meeting have been confirmed or otherwise dealt with;
- (e) minutes of a meeting shall be confirmed by resolution (other than decisions or resolutions in writing under clause 4.2(d)) and signed by the chairperson of the meeting at which the proceedings took place or by the chairperson of the next succeeding meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat;
- (f) minutes of each meeting and/or a regular report of the Service Clinical Governance Committee proceedings shall be submitted to the Medical Advisory Committee and the National Clinical Governance Committee.

PART D - ACCREDITATION OF HEALTH PRACTITIONERS

13 APPLICATION OF ACCREDITATION REQUIREMENTS

13.1 General Issues

- (a) The requirements for Accreditation defined in these By-Laws apply to the following categories of Health Practitioners:
 - (i) all Medical Practitioners and Dentists other than those who are subject to the Service's performance management procedures, unless the Board determines otherwise;
 - (ii) all Nurses, Nurse Practitioners, Midwives, Midwife Practitioners and Allied Health Practitioners other than those who are subject to the Service's performance management procedures, unless the Board or the Board's authorised delegate determines otherwise; and
 - (iii) at the discretion of the Board or the Board's authorised delegate, to other Health Practitioners either individually or collectively and either before or after their employment or engagement by the Service.
- (b) The Board or its authorised delegate may authorise policies for verifying the Credentials and defining the Scope of Clinical Practice at the Service of Health Practitioners who are not subject to the requirements for Accreditation established by these By-Laws and the Executive Staff of the Service must ensure those policies are implemented.
- (c) No Health Practitioner to whom the requirements for Accreditation defined in these By-Laws apply may practise at the Service or provide services to patients of the Service unless they are currently Accredited.
- (d) Every applicant for Accreditation must acknowledge in writing that he/she will comply with and be bound by these By-Laws as amended from time to time, the Code of Ethical Standards for Catholic Health and Aged Care and all other policies, protocols and codes of conduct or codes of behaviour adopted by Little Company of Mary Health Care and/or the Service from time to time.
- (e) A Health Practitioner may apply for Accreditation to multiple Services using a single Application Form and may provide a single set of documents evidencing his or her Credentials where provision to do so is authorised by the Chief Executive Officers of the Services concerned.
- (f) The Chief Executive Officer must not recommend to the Board that a Health Practitioner be granted Accreditation or re-Accreditation unless the Chief Executive Officer is satisfied that the Credentials of the Health Practitioner have been reviewed and validated according to these By-Laws and any related policy adopted by Little Company of Mary Health Care and/or the Service from time to time.
- (g) A Health Practitioner may be accredited by the Board to practise at the Service or to provide services to patients of the Service for a period of up to five years. The Chief Executive Officer shall advise the Health Practitioner

in writing of the period of Accreditation and the Health Practitioner's authorised Scope of Clinical Practice.

- (h) An Accredited Health Practitioner may practise at the Service or provide services to patients of the Service:
 - (i) only within the Scope of Clinical Practice approved by the Board and specified in the Chief Executive Officers' written advice; and
 - (ii) subject at all times to the continuing authority of the Chief Executive Officer.
- (i) The Chief Executive Officer and/or his or her delegate may refuse or withdraw permission for an Accredited Health Practitioner to treat an individual, group or category of patients if he or she forms a reasonable belief that the proposed treatment:
 - (i) cannot be provided by the Accredited Health Practitioner and/or supported by the Service at an appropriate standard of safety and quality;
 - (ii) is inconsistent with the Code of Ethical Standards for Catholic Health and Aged Care;
 - (iii) is inconsistent with the authorised Scope of Clinical Practice of the Accredited Health Practitioner;
 - (iv) could cause damage to the Service's and/or Little Company of Mary Health Care's reputation; and/or
 - (v) is inconsistent with good professional practice.
- (j) Accreditation of a Health Practitioner is personal and cannot be transferred to or exercised by any other person.
- (k) Accreditation to practise at the Service or to provide services to patients of the Service gives no entitlement with respect to any other Service.
- (l) Accreditation to practise at the Service or to provide services to patients of the Service is subject at all times to the continuous disclosure requirements defined in clause 13.2 of these By-Laws.
- (m) Nothing in these accreditation requirements is intended to restrain the accredited Health Practitioner from providing Medical Services to any person, including where the Practitioner provides Medical Services as a partner in a partnership with other medical practitioners or as an employee or contractor of an entity that provides Medical Services or Hospital Services.

13.2 Requirement of Continuous Disclosure

- (a) Every Accredited Health Practitioner must keep the Chief Executive Officer of the Service continuously informed of matters which have, or may reasonably have, a material bearing upon:
 - (i) their Current Fitness;
 - (ii) their Credentials;
 - (iii) their Scope of Clinical Practice;

- (iv) their ability to deliver health care services to patients safely and effectively within their authorised Scope of Clinical Practice;
 - (v) their professional indemnity insurance status;
 - (vi) their eligibility to continue to hold Accreditation or to obtain re-Accreditation; and
 - (vii) any conflicts between their own and Little Company of Mary Health Care's interests.
- (b) Without limiting the scope of the obligations described in clause 13.2(a), an Accredited Health Practitioner must advise the Chief Executive Officer in writing as soon as possible but no later than 10 working days of any of the following occurring:
- (i) they receive notification that the relevant National Board has decided to investigate them;
 - (ii) the relevant National Board requires them to undergo a health assessment or performance assessment;
 - (iii) they are cautioned, required to give an undertaking, cease to be registered or are suspended from registration by the relevant National Board;
 - (iv) any conditions, limitations or restrictions are imposed by the relevant National Board in relation to their practice;
 - (v) an adverse finding is made against them by any registration, disciplinary, investigative or professional body;
 - (vi) their appointment to, accreditation at or scope of clinical practice at any other service, hospital or day procedure centre is altered in any way, whether at the request of the Health Practitioner or otherwise;
 - (vii) they incur an illness or disability which may adversely affect their Current Fitness;
 - (viii) they are charged with or convicted of any serious criminal offence or breach of any laws that regulate the provision of health care or health insurance; or
 - (ix) they cease to hold professional indemnity insurance in accordance with Little Company of Mary Health Care policy, have their professional indemnity insurance made conditional or not renewed.

13.3 Third Party Contractors

- (a) If a contract provides for the delivery of clinical services (such as nursing, medical imaging or pathology) by a third party contractor to patients of the Service, the contract may:
- (i) enable the Chief Executive Officer to withdraw authority for any Health Practitioner to provide all or some of the contracted services to patients of the Service. There shall be no right of appeal against a decision made pursuant to this By-Law;
 - (ii) provide that only Health Practitioners who have been Accredited may provide the clinical services; and

- (iii) require the third party contractor to ensure that:
 - (A) the Credentials and professional indemnity insurance status of the Health Practitioners who provide the contracted services are strictly verified by the third party contractor in accordance with Little Company of Mary Health Care policy and are consistent with the requirements of the relevant contract; and
 - (B) the Health Practitioners who provide the services do so only within the Scope of Clinical Practice which is specified in the contract as generally applicable to all Health Practitioners providing the services, unless they have been Accredited specifically by the Service as Accredited Practitioners with a modified Scope of Clinical Practice.
- (b) The Accreditation of a Health Practitioner who provides services on behalf of a third party contractor to the patients of the Service shall terminate simultaneously with the ending or termination of the contract pursuant to which those services are provided. There shall be no right of appeal against the termination of an Accreditation pursuant to this By-Law.

13.4 Chief Executive Officer Must Notify National Chief Executive Officer

The Chief Executive Officer must notify the National Chief Executive Officer as soon as possible if he or she forms a reasonable belief that an Accredited Practitioner has:

- (a) practised their profession while intoxicated by alcohol or drugs;
- (b) engaged in sexual misconduct in connection with their profession;
- (c) placed the public at risk of substantial harm in their practice because they have an impairment; or
- (d) placed the public at risk of harm during their practice because of a significant departure from professional standards.

14 CATEGORIES OF ACCREDITED PRACTITIONERS

- (a) Each person appointed as an Accredited Practitioner to the Service must be appointed to one or more of the following Accreditation Categories:
 - (i) Specialist Practitioner;
 - (ii) General Practitioner;
 - (iii) General Practitioner (Obstetrics);
 - (iv) General Practitioner (Anaesthetics);
 - (v) Staff Specialist;
 - (vi) Hospital Medical Practitioner;
 - (vii) Surgical Assistant;
 - (viii) Consultant Emeritus;

- (ix) Dentist;
 - (x) Allied Health Practitioner (including such further sub-categories as the Board may determine from time to time);
 - (xi) Midwife (including such further sub-categories as the Board may determine from time to time);
 - (xii) Midwife Practitioner;
 - (xiii) Nurse (including such further sub-categories as the Board may determine from time to time); or
 - (xiv) Nurse Practitioner.
- (b) The general conditions which apply to each of these Accreditation Categories are detailed in Schedule 2 of these By-Laws. Accreditation may be further limited:
- (i) to the treatment of patients in particular clinical units of the Service;
 - (ii) to particular categories of patients;
 - (iii) to the provision of particular procedures or interventions; and/or
 - (iv) in any other manner determined by the Board in its absolute discretion from time to time.

15 INITIAL ACCREDITATION

- (a) If the Chief Executive Officer considers that Accreditation of a Health Practitioner is likely to be consistent with the strategic and operational priorities and resource capability of the Service, he or she shall provide the Health Practitioner with an Application Form and make available a copy of these By-Laws.
- (b) A Health Practitioner who wishes to be Accredited must submit a completed Application Form to the Chief Executive Officer.
- (c) The Chief Executive Officer may reject any application for Accreditation and is not required to provide any reasons for the rejection. There shall be no right of appeal against a decision of the Chief Executive Officer to reject an Application for Accreditation by a Health Practitioner who is not Accredited at the time he or she submits the completed Application Form.
- (d) The Chief Executive Officer shall only accept an application for Accreditation if he or she considers that the services proposed to be provided are likely to meet the needs of the Service and are aligned closely with its capability, recurrent operating plan and long-term strategic directions.
- (e) The Chief Executive Officer must ensure compliance with Little Company of Mary Health Care policy that requires specified credentials to be reviewed and/or verified for the purposes of Accreditation, including any policy regarding the form and number of professional references to be obtained.
- (f) The Chief Executive Officer or his or her authorised delegate must verify that:

- (i) an applicant for Accreditation holds appropriate registration with the relevant National Board, if applicable; and
 - (ii) the applicant holds professional indemnity insurance in accordance with Little Company of Mary Health Care policy.
 - (iii) The applicant has provided appropriate referees in accordance with the Little Company of Mary Health Care Application for Accreditation or Re-Accreditation form.
- (g) If the Chief Executive Officer accepts the application for Accreditation, he or she shall refer it to the Credentials and Scope of Clinical Practice Committee.
- (h) The Credentials and Scope of Clinical Practice Committee shall review all applications referred to it with respect to the qualifications, experience, competence, judgment, professional capabilities and knowledge, Current Fitness and character of and confidence held in the applicant and formulate recommendations to the Medical Advisory Committee on each applicant's Credentials and appropriate Accreditation Category and Scope of Clinical Practice.
- (i) The Medical Advisory Committee shall review the advice of the Credentials and Scope of Clinical Practice Committee and recommend to the Chief Executive Officer whether the application for Accreditation should be approved, and if it is recommended for approval, the appropriate Accreditation Category and Scope of Clinical Practice.
- (j) The Chief Executive Officer must consider every recommendation of the Medical Advisory Committee and shall submit his or her recommendations on Accreditation and Scope of Clinical Practice together with the recommendations of the Medical Advisory Committee to the Board via the National Chief Executive Officer.
- (k) The Board retains discretion to determine whether a Health Practitioner is to be offered Accreditation and under what conditions, taking into account factors including the workforce need, the capacity, capability and strategic direction of the Service and the assessed qualifications, experience, competence, judgment, professional capabilities and knowledge, Current Fitness and character of and confidence held in the applicant for Accreditation. The Board is not required to provide reasons for any such determination.
- (l) The Board may qualify the conditions of Accreditation in any way, including a limited period of Accreditation, a limited Scope of Clinical Practice, a requirement for a mentoring or supervision program, a periodic performance review, a periodic review of Scope of Clinical Practice and/or a performance management program.
- (m) The Chief Executive Officer shall notify the applicant of the Board's decision in writing within 10 working days of the Chief Executive Officer receiving advice of that decision. If the Accreditation is approved, then the notification must set out the particulars of the Accreditation including the Accreditation Category, the period of Accreditation, the authorised Scope of Clinical Practice and any other conditions that will apply.

- (n) There shall be no right of appeal against a decision of the Board concerning the Accreditation or associated Scope of Clinical Practice of a Health Practitioner who is not Accredited at the time he or she submits the completed Application Form.
- (o) The Accreditation period shall not exceed five years.
- (p) During the period of Accreditation the Chief Executive Officer must ensure that the following are verified annually:
 - (i) the Accredited Practitioner holds appropriate registration with the relevant National Board; and
 - (ii) the Accredited Practitioner holds professional indemnity insurance in accordance with Little Company of Mary Health Care policy.
- (q) An Accredited Practitioner must comply with the conditions of the Accreditation and these By-Laws at all times. Accreditation is subject at all times to the Accredited Practitioner complying with the Code of Ethical Standards for Catholic Health and Aged Care, the General Conditions of Accreditation as amended from time to time and any special conditions of Accreditation. If there is any inconsistency between those General Conditions of Accreditation and any special conditions, the special conditions prevail.

16 TEMPORARY ACCREDITATION

- (a) The Chief Executive Officer or his or her immediate delegate may authorise temporary Accreditation of a Health Practitioner, before an application for Accreditation in respect of that Health Practitioner has been determined.
- (b) The Chief Executive Officer must comply with Little Company of Mary Health Care policy that requires specified credentials to be reviewed and/or verified for the purposes of temporary Accreditation, including any policy regarding the number and format of professional references to be obtained and reviewed.
- (c) The Chief Executive Officer or his or her authorised delegate must verify that:
 - (i) the applicant holds appropriate registration with the relevant National Board; and
 - (ii) the applicant holds professional indemnity insurance in accordance with Little Company of Mary Health Care policy.
- (d) The Chief Executive Officer must confer with the chairperson of the Medical Advisory Committee, the head of the relevant clinical department or service area (if one has been established) and a senior manager in a hospital or day procedure facility within which the applicant has recently worked, before authorising a temporary Accreditation including an associated Accreditation Category and temporary Scope of Clinical Practice.
- (e) The Chief Executive Officer may approve a temporary Accreditation for a maximum period of four months from the date of advice to the applicant that the Accreditation has been approved. The Chief Executive Officer must

specify a Scope of Clinical Practice and may attach conditions to the Accreditation at his or her discretion.

- (f) A temporary Accreditation enables a Health Practitioner to practise at the Service or to provide services to patients of the Service within the specified Scope of Clinical Practice including any associated conditions, until a final determination of an application is made or until a specified date or until a specified occurrence.
- (g) A temporary Accreditation does not create a right to or expectation of Accreditation at a later date.
- (h) A Health Practitioner who practices at the Service or provides services to patients of the Service under a temporary Accreditation must comply with the terms of the Accreditation and these By-Laws at all times. Accreditation is subject at all times to the Accredited Practitioner complying with the Code of Ethical Standards for Catholic Health and Aged Care, the General Conditions of Accreditation , as amended from time to time and any special conditions of Accreditation. If there is any inconsistency between those General Conditions of Accreditation and any special conditions, the special conditions prevail.
- (i) Following consultation with the chairperson of the Medical Advisory Committee, the Chief Executive Officer may suspend or terminate a temporary Accreditation at any time for any reason, including where the Chief Executive Officer considers that patient care or safety, staff welfare or safety or the reputation of the Service or Little Company of Mary Health Care will or may be impaired if the temporary Accreditation continues.
- (j) There shall be no right of appeal against a decision of the Chief Executive Officer concerning the temporary Accreditation or associated Scope of Clinical Practice of a Health Practitioner, including any decision to deny, suspend or terminate such temporary Accreditation.

17 ACCREDITATION OF LOCUM TENENS

If an Accredited Practitioner nominates a locum tenens to provide services to his or her patients during a period of absence from the Service, that nominee cannot practise at the Service or provide services to patients of the Service unless and until the Chief Executive Officer has approved their Accreditation in accordance with these By-Laws. Neither Little Company of Mary Health Care nor the Service shall have any liability to the Accredited Practitioner arising directly or indirectly from any delay or refusal to Accredite the nominated locum tenens.

18 RE-ACCREDITATION

- (a) Not less than three months before the date fixed for expiry of the Accreditation of a Health Practitioner, the Chief Executive Officer shall notify the Accredited Practitioner of the pending expiry of their Accreditation and the processes for applying for re-Accreditation including re-credentialing and review of their Scope of Clinical Practice. Any failure to do so will not entitle the Accredited Practitioner to an extension of time under clause 18(b).

- (b) An Accredited Practitioner who wishes to renew their Accreditation must apply for re-Accreditation before the expiration of the term of Accreditation.
- (c) Subject to Little Company of Mary Health Care policy, the processes for re-Accreditation, including processes for re-credentialing and re-defining the Scope of Clinical Practice of Accredited Practitioners shall be the same as defined in these By-Laws for an initial Accreditation, save that clause 15(c) does not apply.
- (d) All Accredited Practitioners shall be subject to the processes of re-Accreditation, re-credentialing and review of their Scope of Clinical Practice at least once every five years or such earlier period as the Board or Chief Executive Officer sees fit (in their absolute discretion).

19 AVAILABILITY OF RESOURCES

The Chief Executive Officer, with reasonable notice to Accredited Practitioners, may allocate or re-allocate resources of the Service (including theatre sessions, support staff and other human resources and physical facilities) from time to time, taking into account a range of factors including:

- (a) the availability of theatres and clinical staff;
- (b) the utilisation of sessions previously allocated to an Accredited Practitioner;
- (c) commercial strategies and priorities of Little Company of Mary Health Care and/or the Service;
- (d) the outcome of any review under clause 22 of these By-Laws; and
- (e) policies of Little Company of Mary Health Care and/or the Service.

20 VARIATION OF SCOPE OF CLINICAL PRACTICE

- (a) An Accredited Practitioner may request in writing a variation to his or her Scope of Clinical Practice.
- (b) The processes for variation of Scope of Clinical Practice are the same as for an initial determination of Scope of Clinical Practice. The Chief Executive Officer may waive the requirement for the Accredited Practitioner to submit evidence of specific credentials, however, if the Chief Executive Officer is satisfied that there has been no change to those credentials since the date on which the Accredited Practitioner's Scope of Clinical Practice last was determined.

21 RESIGNATION OR EXTENDED ABSENCE OF AN ACCREDITED PRACTITIONER

- (a) An Accredited Practitioner who intends to cease practising at the Service or providing services to patients of the Service either indefinitely or for an extended period greater than 6 months must notify his or her intention to the Chief Executive Officer. Accreditation shall be taken to be relinquished from the date specified in the notification.

- (b) An Accredited Practitioner to whom clause 21(a) applies must, whenever practicable, advise the Chief Executive Officer prior to the cessation of his or her normal patient bookings and clinical activities and must ensure that upon cessation of clinical activities any remaining patients are either discharged or referred with appropriate consent to the care of another Practitioner who is Accredited and has an appropriate Scope of Clinical Practice, to ensure continuous cover.
- (c) It is the responsibility of the Accredited Practitioner to advise their patients and any known carers or legal guardians of their patients of any proposed changes to their care arrangements.

22 REVIEW OF ACCREDITATION

- (a) The Chief Executive Officer may initiate a review of an Accredited Practitioner's Accreditation if:
 - (i) the Chief Executive Officer considers that a review of the adverse effect of the Accredited Practitioner's practice on the Service is warranted; or
 - (ii) the Chief Executive Officer forms the view that the conduct of the Accredited Practitioner is such that it compromises the efficient operation of the Service.
- (b) If the Chief Executive Officer initiates a review, the Accredited Practitioner who is the subject of the review must:
 - (i) be informed in writing of the proposed review including reasonable particulars about any issues of concern and the potential outcomes of the review;
 - (ii) be provided with a copy of these By-Laws; and
 - (iii) be provided with an opportunity to make a submission to the review.
- (c) Having considered the Accredited Practitioner's submission (if any) and any other matters the Chief Executive Officer considers relevant, the Chief Executive Officer may take any of the following steps:
 - (i) conclude the review without taking any action;
 - (ii) if the Accredited Practitioner's Accreditation has been suspended pursuant to clause 24(e) of these By-Laws, leave the suspension in place or lift the suspension;
 - (iii) give the Accredited Practitioner notice of an intention to re-allocate resources of the Service pursuant to clause 19; and/or
 - (iv) if the Chief Executive Officer forms the view that the Accredited Practitioner's practice will have an ongoing adverse effect on the Service, or the Accredited Practitioner's conduct is likely to compromise the efficient operation of the Service on an ongoing basis, recommend to the Board that the Accredited Practitioner's Accreditation be terminated.
- (d) The Chief Executive Officer must inform the Accredited Practitioner of the outcome of any review.

REVIEW OF SCOPE OF CLINICAL PRACTICE OF A MEDICAL PRACTITIONER OR DENTIST

- (a) Any of the Chief Executive Officer, the Director of Clinical Services, the Director of Medical Services, the chairperson of the Medical Association, the head of a clinical department or service area in which an Accredited Practitioner practises, the National Chief Executive Officer or the Board may at any time request the Chief Executive Officer to initiate a review of the Scope of Clinical Practice of an Accredited Medical Practitioner or Dentist.
- (b) The Chief Executive Officer following consultation with the chairperson of the Medical Advisory Committee may alter the authorised Scope of Clinical Practice of an Accredited Medical Practitioner or Dentist pending a review of that Scope of Clinical Practice.
- (c) The Chief Executive Officer may elect to commission a review of the Scope of Clinical Practice of the Accredited Medical Practitioner or Dentist by an independent person or persons. The review may include:
 - (i) consideration of the Credentials, competence, performance and Current Fitness of the Accredited Medical Practitioner or Dentist;
 - (ii) an assessment of confidence in the Accredited Medical Practitioner or Dentist; and
 - (iii) an assessment of the needs and capability of the Service insofar as they are related to the Accredited Medical Practitioner's or Dentist's Scope of Clinical Practice.
- (d) If the Chief Executive Officer elects not to commission an independent review, he or she shall refer the request for review of the Scope of Clinical Practice of an Accredited Medical Practitioner or Dentist to the Credentials and Scope of Clinical Practice Committee, which shall conduct the review according to its usual processes for Credentialing and defining the Scope of Clinical Practice and advise the Medical Advisory Committee of its recommendations.
- (e) The Accredited Medical Practitioner or Dentist who is the subject of a review must:
 - (i) be informed in writing of the proposed review including reasonable particulars about any issues of concern and the potential outcomes of the review;
 - (ii) be provided with a copy of these By-Laws;
 - (iii) be provided with an opportunity to make a submission to the review; and
 - (iv) co-operate with the reviewers, including promptly providing information reasonably requested to inform the review.
- (f) The Chief Executive Officer shall submit the results of the review and his or her recommended action, together with any advice from the Medical Advisory Committee, to the National Chief Executive Officer who shall submit it to the Board. The Board shall make a final decision which may

include termination of the Accreditation, revision of the Accreditation Category or Scope of Clinical Practice of the Accredited Medical Practitioner or Dentist or imposition of conditions on the Accreditation, in the Board's absolute discretion. The Board is not required to provide reasons for any such decision.

- (g) The Chief Executive Officer shall advise the Accredited Medical Practitioner or Dentist of the Board's decision in writing within five working days of the Chief Executive Officer receiving advice of that decision and shall implement the decision immediately.
- (h) Subject to rights of appeal on the part of the Accredited Medical Practitioner or Dentist, any variation in an Accredited Medical Practitioner's or Dentist's Accreditation Category, conditions of Accreditation or Scope of Clinical Practice constitutes a consequential variation to the Accreditation of the Accredited Medical Practitioner or Dentist.

24 SUSPENSION OF ACCREDITATION OF A MEDICAL PRACTITIONER OR DENTIST

The Chief Executive Officer, following consultation with the chairperson of the Medical Advisory Committee and the National Chief Executive Officer, may by notice in writing suspend (in part or in full) the Accreditation of an Accredited Medical Practitioner or Dentist until further notice if in the opinion of the Chief Executive Officer:

- (a) to do so would be in the interests of patient care or safety;
- (b) to do so would be in the interests of staff welfare or safety;
- (c) a law to which a criminal penalty applies has, or may have, been contravened by the Accredited Medical Practitioner or Dentist;
- (d) the Accredited Medical Practitioner or Dentist has materially breached any conditions of Accreditation, including failing to comply with these By-Laws;
- (e) the conduct of the Accredited Medical Practitioner or Dentist compromises the efficient operation or the interests of the Service; and/or
- (f) the conduct of the Accredited Medical Practitioner or Dentist is likely to harm the reputation of the Service and/or of Little Company of Mary Health Care.

25 TERMINATION OF ACCREDITATION OF A MEDICAL PRACTITIONER OR DENTIST

25.1 Automatic Termination for Failure of Registration or Insurance

An Accredited Medical Practitioner's or Dentist's Accreditation shall terminate automatically if:

- (a) the Accredited Practitioner ceases to be registered by the relevant National Board; and/or
- (b) the Accredited Practitioner's professional indemnity insurance is cancelled, lapses or no longer covers the Accredited Practitioner to the extent of his or her Scope of Clinical Practice, except where the Accredited Practitioner is an employee of the Service.

25.2 Termination by the Board

- (a) The Board may terminate the Accreditation of an Accredited Medical Practitioner or Dentist if:
 - (i) the Accredited Practitioner fails to observe the Code of Ethical Standards for Catholic Health and Aged Care while practising in the Service;
 - (ii) the Accredited Practitioner fails to observe a General Condition or a special condition of Accreditation;
 - (iii) the Accredited Practitioner makes a disclosure pursuant to the continuous disclosure requirements of these By-Laws and in light of the facts and circumstances disclosed the Board considers continued Accreditation to be untenable;
 - (iv) the Accredited Practitioner takes any action or makes any statements which could cause the Service and/or Little Company of Mary Health Care any embarrassment or humiliation or otherwise reflect negatively on the Service and/or Little Company of Mary Health Care or cause the Service and/or Little Company of Mary Health Care to be held in disrepute;
 - (v) the Accredited Practitioner has been unable to perform his or her patient care and treatment duties for a continuous period of six months;
 - (vi) the Accredited Practitioner is authorised to admit patients but has not admitted any patients to the Service for a continuous period of six months;
 - (vii) following a review conducted pursuant to clause 22 of these By-Laws, the Chief Executive Officer has recommended to the Board that the Accredited Practitioner's Accreditation should be terminated and has provided to the Board for its consideration together with the recommendation any submission that was provided to him or her by the Accredited Practitioner;
 - (viii) the Accredited Practitioner is found guilty of professional misconduct and/or unsatisfactory professional conduct (howsoever

- termed) by any inquiry, investigation or hearing by any disciplinary body or professional standards organisation;
- (ix) the Accredited Practitioner is found guilty of any offence which in the opinion of the Board is likely to bring the Accredited Practitioner into professional disrepute and/or to harm the reputation of the Service and/or Little Company of Mary Health Care;
 - (x) except as required by law or any competent regulatory body, the Accredited Practitioner makes use of Service Confidential Information other than in connection with the performance of his or her duties as an Accredited Practitioner at the Service, or discloses or divulges Service Confidential Information to any third party;
 - (xi) the Accredited Practitioner has engaged in any other conduct which in the opinion of the Board is likely to harm the reputation of the Service and/or Little Company of Mary Health Care;
 - (xii) the Accredited Practitioner does not have the continuing confidence of the Board;
 - (xiii) the Board is not satisfied that the Accredited Practitioner has Current Fitness; and/or
 - (xiv) the Service's strategic direction or resources change, such that it no longer offers the support services needed to support the Scope of Clinical Practice of the Accredited Practitioner.
- (b) The Chief Executive Officer shall notify an Accredited Practitioner in writing of the termination of his or her Accreditation, including the reasons for it, implement the Board's decision immediately and forward a copy of these By-Laws to the Accredited Practitioner with the written notification.

26 APPEAL

26.1 Appeal Period

Subject to any provision to the contrary in these By-Laws, including clauses 13.3(a)(i), 13.3(b), 15(c), 15(n), 16(j) and 27(b)(c), an Accredited Practitioner may appeal a decision in relation to suspension, variation or termination of their Accreditation, including any variation to their authorised Scope of Clinical Practice. An appeal must be lodged in writing with the Chief Executive Officer within 10 working days from the date of notification of the decision. The decision which is being appealed must continue to be implemented and must not be varied other than in accordance with this clause 26.

26.2 Appeal Committee

The Board must establish an Appeal Committee to hear an appeal, comprising:

- (a) a nominee of the Board;
- (b) a nominee of the Medical Advisory Committee; and
- (c) a nominee of the relevant professional college or, if there is no nomination or the nominee is unavailable, a person nominated by the Board who works in the same specialty field as the appellant.

26.3 Chairperson

The nominee of the Board shall be the chairperson of the Appeal Committee.

26.4 Notice and Submissions

The appellant must be provided with appropriate notice by the Appeal Committee and be given the opportunity to make a submission to the Appeal Committee. The Appeal Committee shall determine whether the submission shall be in writing, in person or both. Where a written submission is requested by the Appeal Committee, it must be made within four weeks of the request, or longer if agreed by the chairperson of the Appeal Committee.

26.5 Representation

Neither the appellant nor any other party to an appeal can be represented by a legal practitioner or otherwise at a meeting of the Appeal Committee.

26.6 Procedure

The chairperson of the Appeal Committee shall determine any question of procedure in relation to that committee.

26.7 Recommendation and Notification of Decision

- (a) The Appeal Committee shall make a written recommendation to the Board. The Board shall then make a decision which shall be final and binding on the appellant. The Board is not required to provide reasons for any such decision.
- (b) The Chief Executive Officer shall notify the appellant in writing of the Board's decision as soon as reasonably possible after the Chief Executive Officer receives advice of that decision, and implement the decision immediately

27 CHANGE TO ACCREDITATION STATUS OF AN ALLIED HEALTH PRACTITIONER, MIDWIFE , MIDWIFE PRACTITIONER, NURSE OR NURSE PRACTITIONER

- (a) An Accredited Allied Health Practitioner's, Midwife's, Midwife Practitioner's, Nurse's or Nurse Practitioner's Accreditation shall terminate automatically if:
 - (i) the Accredited Allied Health Practitioner, Midwife, Midwife Practitioner, Nurse or Nurse Practitioner ceases to be registered by the relevant National Board; and/or
 - (ii) the Accredited Allied Health Practitioner's, Midwife's, Midwife Practitioner's, Nurse's or Nurse Practitioner's professional indemnity insurance is cancelled, lapses or no longer covers the Accredited Practitioner to the extent of his or her Scope of Clinical Practice, except where the Accredited Practitioner is an employee of the Service;
- (b) The Chief Executive Officer may at any time, taking into account such advice as he or she deems necessary or appropriate to assist in decision-making, review, suspend, terminate and/or change the conditions associated with the Accreditation of an Allied Health Practitioner, Midwife, Midwife Practitioner, Nurse or Nurse Practitioner.
- (c) There shall be no right of appeal against a decision concerning the Accreditation, re-Accreditation or Scope of Clinical Practice of an Allied Health Practitioner, Midwife, Midwife Practitioner, Nurse or Nurse Practitioner, including a decision to change an authorised Scope of Clinical Practice, suspend or terminate Accreditation or change any other conditions associated with Accreditation.

28 RESEARCH AND THE INTRODUCTION OF NEW CLINICAL SERVICES, PROCEDURES AND OTHER INTERVENTIONS

28.1 Research

- (a) Research involving human subjects that is proposed to be conducted at the Service or in relation to patients of the Service shall only commence if:
 - (i) a member of the staff of the Service or an Accredited Practitioner is nominated to be accountable for the conduct of the research;
 - (ii) it has been approved by a committee constituted in accordance with Little Company of Mary Health Care policy which has reviewed its compliance with the Code of Ethical Standards for Catholic Health and Aged Care;
 - (iii) it has been approved by the Board as well as an appropriately constituted Ethics Committee in accordance with the National Statement;
 - (iv) the Chief Executive Officer is satisfied that it will be conducted in accordance with those approvals and that appropriate indemnity and/or insurance arrangements are in place with respect to that research.

- (b) If the proposed research involves the treatment of patients at the Service or provision of services to patients of the Service by an Accredited Practitioner, it shall not commence unless the treatment or provision of services is consistent with the Scope of Clinical Practice of the Accredited Practitioner granted in accordance with these By-Laws.
- (c) If there is doubt about whether a proposed activity constitutes research or quality assurance or some other activity, the Chief Executive Officer must be consulted and the Chief Executive Officer shall make a determination about the nature of the activity.

28.2 Introduction of New Clinical Services, Procedures or Other Interventions

- (a) An Accredited Practitioner who wishes to introduce a New Clinical Service, Procedure or Other Intervention to the Service must apply to the Chief Executive Officer for approval.
- (b) The Chief Executive Officer shall refer the application to the Credentials and Scope of Clinical Practice Committee which shall advise the Medical Advisory Committee on the safety, efficacy and role of the New Clinical Service, Procedure or Other Intervention in the context of the Service's needs and capability.
- (c) The Medical Advisory Committee, taking account of the advice of the Credentials and Scope of Clinical Practice Committee, shall advise the Chief Executive Officer:
 - (i) whether there is evidence that adequate and appropriate training and supervision will be undertaken by Accredited Practitioners prior to the commencement of the New Clinical Service, Procedure or Other Intervention;
 - (ii) whether, and under what conditions, the New Clinical Service, Procedure or Other Intervention could be introduced safely to the Service; and
 - (iii) whether the New Clinical Service, Procedure or Other Intervention is consistent with the Accredited Practitioner's Scope of Clinical Practice.
- (d) The Chief Executive Officer may seek additional advice or information about the financial, operational or clinical implications of the introduction of the New Clinical Service, Procedure or Other Intervention. The Accredited Practitioner must provide any such information in their possession promptly upon request.
- (e) The Chief Executive Officer may refuse permission for the introduction of a New Clinical Service, Procedure or Other Intervention and is not required to provide reasons for any such refusal.
- (f) Before approving the introduction of a New Clinical Service, Procedure or Other Intervention the Chief Executive Officer must:
 - (i) be satisfied that the New Clinical Service, Procedure or Other Intervention is consistent with the capability, recurrent operating plan and long-term strategic directions of the Service;

- (ii) where the New Clinical Service, Procedure or Other Intervention involves research, be satisfied that the requirements of clause 28.1 have been met;
- (iii) be satisfied that the appropriate indemnity and/or insurance arrangements are in place; and
- (iv) notify the National Chief Executive Officer.

PART E – MEDICAL ASSOCIATION AND COMMITTEES

29 MEDICAL ASSOCIATION

29.1 Role

- (a) The Medical Association shall provide a forum for internal communication between the Service Executive Staff and Accredited Medical Practitioners and Dentists, to facilitate the provision of safe patient care.
- (b) The Medical Association shall nominate members for appointment to the Medical Advisory Committee and to committees of the Service as required.

29.2 Membership and Chairperson

- (a) All Accredited Medical Practitioners and Dentists (except Surgical Assistants and Hospital Medical Practitioners) and the Director of Medical Services (where one has been appointed) of the Service shall be members of the Medical Association of the Service.
- (b) The chairperson of the Medical Association shall be elected from its membership for an annual term and shall also be the chairperson of the Medical Advisory Committee.

29.3 Quorum

One fifth of the active membership of the Medical Association for the time being present in person at a meeting shall constitute a quorum for all purposes. For the purposes of these By-Laws, an 'active member' of the Medical Association means an Accredited Medical Practitioner or Dentist (other than a Hospital Medical Practitioner or Surgical Assistant) who utilises the Service on a regular basis. A determination of whether an Accredited Medical Practitioner or Dentist is active shall be made by the Chief Executive Officer based on an assessment of activity over the prior 6 month period, taking into account normal conference, holiday and sick leave.

29.4 Meetings

- (a) An annual general meeting of the Medical Association shall be held once in every calendar year and not more than 15 months after the immediately preceding Annual General Meeting.
- (b) Other meetings of the Medical Association shall be held as required. The meetings shall be held at a time and place determined by the Medical Advisory Committee in conjunction with the Chief Executive Officer provided that at least 10 working days' written notice of the meeting is given to members of the Medical Association specifying the business to be transacted.
- (c) Written notice of the annual general meeting of the Medical Association, together with a copy of the agenda for that meeting, shall be given not less than 10 working days prior to the date of the meeting.

29.5 Proceedings at Meetings

- (a) If the chairperson is not present within fifteen minutes after the scheduled start of the meeting, the members present shall elect a chairperson from amongst their numbers.
- (b) All questions shall be decided by a show of hands or, where demanded by a member entitled to vote, by a secret ballot.
- (c) The chairperson of the Medical Association shall have a deliberative vote and, where there is an equality of votes, a casting vote.
- (d) The Chief Executive Officer shall ensure that there is a minute secretary available to record the minutes of the Medical Association.
- (e) No business shall be considered at a meeting of the Medical Association until the minutes of the previous meeting have been confirmed or otherwise dealt with.
- (f) Minutes of a meeting shall be confirmed by resolution (other than decisions or resolutions in writing under clause 4.2(d)) and signed by the chairperson of the meeting at which the proceedings took place or by the chairperson of the next succeeding meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat.

30 MEDICAL ADVISORY COMMITTEE

30.1 Role

- (a) The Medical Advisory Committee is an advisory committee to the Chief Executive Officer. The role of the Medical Advisory Committee is:
 - (i) to be the formal organisational structure through which the views of the Accredited Medical Practitioners and Dentists of the Service are formulated and communicated to the Service;
 - (ii) to provide a means whereby Accredited Medical Practitioners and Dentists can participate in the policy-making and planning processes of the Service;
 - (iii) to plan and manage a continuing education program for members of the Medical Association or junior medical staff where appropriate;
 - (iv) to advise the Chief Executive Officer on the clinical organisation of the Service;
 - (v) to assist in identifying health needs of the community and to advise the Chief Executive Officer on services that may be required to meet those needs;
 - (vi) to participate in the planning and implementation of patient safety and quality programs and the monitoring of safety and quality of care;
 - (vii) to endeavour to ensure that the level of patient care provided by the Service is optimised given local resources;

- (viii) to ensure that a process for review of clinical outcomes and patient management is established and executed according to these By-Laws;
 - (ix) to lead and monitor the implementation of a comprehensive program of peer review by Medical Practitioners and Dentists across all clinical departments, service areas and major specialty groups;
 - (x) to monitor the performance of Medical Practitioners and Dentists including by monitoring clinical indicators and other indicators of performance, and advise the Chief Executive Officer through the Medical Advisory Committee of the appropriate action to be taken in respect of these results; and
 - (xi) to review the recommendations of the Credentials and Scope of Clinical Practice Committee and advise in relation to:
 - (A) applications for Accreditation and re-Accreditation of Health Practitioners in accordance with these By-Laws;
 - (B) the Scope of Clinical Practice of applicants recommended for Accreditation or re-Accreditation;
 - (C) the Scope of Clinical Practice of Accredited Practitioners whose Scope of Clinical Practice has been subject to review; and
 - (D) applications for the introduction of New Clinical Services, Procedures and Other Interventions;

and in each case make recommendations to the Chief Executive Officer (which for the avoidance of doubt shall not be binding on the Chief Executive Officer); and
 - (xii) to establish a Clinical Review Sub-Committee in accordance with clause 31 of these By-Laws.
- (b) Each clinical department or service area shall provide a report or minutes of its meetings to the Medical Advisory Committee on a regular basis.
 - (c) No member of the Medical Advisory Committee is entitled to represent that individually or collectively they represent Little Company of Mary Health Care or the Service, other than with the written permission of the Board or its authorised delegate. The marks, logos and symbols of Little Company of Mary Health Care and its Services may only be used for purposes authorised by the Board or its authorised delegate.

30.2 Membership and Chairperson

- (a) At each Annual General Meeting, the Medical Association shall nominate from amongst its members at least five Accredited Practitioners for appointment by the Chief Executive Officer as members of the Medical Advisory Committee.
- (b) The Medical Association's nominations for membership of the Medical Advisory Committee must include:

- (i) if the Chief Executive Officer has established clinical departments or service areas, the head of each such clinical department or service area;
 - (ii) if anaesthetic services are provided at the Service, at least one Accredited Practitioner who is an anaesthetist; and
 - (iii) at least one Accredited Practitioner from any other major specialty group of the Service as determined by the Chief Executive Officer in consultation with the Medical Association.
- (c) The Chief Executive Officer shall establish and maintain a Medical Advisory Committee comprising those persons nominated by the Medical Association in accordance with this clause 30.2 and the chairperson of the Medical Association if not already nominated.
- (d) Members of the Medical Advisory Committee shall be appointed for a period of one year and shall be eligible for re-appointment, save that any member of the Medical Advisory Committee who is not a head of a clinical department or service area and who has served on the committee for three consecutive terms is ineligible to be re-appointed for the immediately succeeding term unless the appointment is approved in writing by the Chief Executive Officer.
- (e) A member of the Medical Advisory Committee may, in the event of his or her absence from a meeting of the Committee, appoint an Accredited Practitioner from his or her specialty or sub-specialty as the member's alternate. The alternate so appointed is entitled to attend and address the meeting on behalf of, and exercise the voting rights of, his or her appointer.
- (f) The Chief Executive Officer, the Director of Clinical Services and the Director of Mission shall attend meetings in a non-voting capacity.
- (g) The Medical Advisory Committee may co-opt the services of any other persons (including persons who are not Accredited Practitioners) whether for a specific time or generally, with the approval of the Chief Executive Officer.
- (h) A person co-opted to assist the Medical Advisory Committee has no voting rights.
- (i) A member of the Medical Advisory Committee may resign from the position with one month's prior written notice to the Chief Executive Officer and the Medical Association.
- (j) If a member of the Medical Advisory Committee resigns, the Medical Association shall nominate a replacement member in accordance with the procedure described in this clause 30.2.
- (k) The chairperson of the Medical Association shall be the chairperson of the Medical Advisory Committee.

30.3 Quorum

Five members of the Medical Advisory Committee who are present in person at a meeting shall constitute a quorum for all purposes.

30.4 Meetings

- (a) Ordinary meetings of the Medical Advisory Committee shall be held not less than four times per year at a time and place determined by the chairperson in consultation with the Chief Executive Officer, provided that at least five working days' notice must be given of every ordinary meeting.
- (b) A special meeting of the Medical Advisory Committee may be called by the chairperson at any time subject to the approval of the Chief Executive Officer. The members of the Medical Advisory Committee must be given at least five working days' notice of a special meeting.
- (c) Notice of a meeting must specify the business to be considered at the meeting and in the absence of unanimous agreement of the members of the Medical Advisory Committee to the contrary, no other business shall be considered at the meeting or any adjournment of the meeting.

30.5 Proceedings at Meetings

- (a) Members of the Medical Advisory Committee are entitled to vote at its meetings.
- (b) All questions shall be decided by a show of hands. The chairperson shall conduct a secret ballot where at least one of the members of the Medical Advisory Committee requests it.
- (c) The chairperson of the Medical Advisory Committee shall have a deliberative vote and, where there is an equality of votes, a casting vote.
- (d) The Chief Executive Officer shall ensure that there is a minute secretary available to record the minutes of the Medical Advisory Committee.
- (e) No business shall be considered at a meeting of the Medical Advisory Committee until the minutes of the previous meeting have been confirmed or otherwise dealt with.
- (f) Minutes of a meeting shall be confirmed by resolution (other than decisions or resolutions in writing under clause 4.2(d)) and signed by the chairperson of the meeting at which the proceedings took place or by the chairperson of the next succeeding meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat.

31 CREDENTIALS AND SCOPE OF CLINICAL PRACTICE COMMITTEE

31.1 Role

- (a) Subject to clause 31.1(f) the Chief Executive Officer must establish a Credentials and Scope of Clinical Practice Committee.
- (b) The role of the Credentials and Scope of Clinical Practice Committee shall be to:
 - (i) advise the Chief Executive Officer through the Medical Advisory Committee on the application of Little Company of Mary Health Care's policies for verification of credentials of applicants for Accreditation or re-Accreditation or when considering a request for a review of Scope of Clinical Practice of an Accredited Practitioner;

- (ii) develop criteria for and plan and monitor the effectiveness of a programme for the delineation of Scope of Clinical Practice of Health Practitioners, where required by the Board;
 - (iii) consider, in relation to applications for Accreditation or review of an Accredited Practitioner's Scope of Clinical Practice which are referred to it:
 - (A) the qualifications, experience, professional standing and other relevant professional attributes of each Health Practitioner for the purposes of forming a view about their competence, performance, Current Fitness, character of and confidence held in the applicant and professional suitability; and
 - (B) the needs and capabilities of the Service;
 and make recommendations to the Medical Advisory Committee on Accreditation or re-Accreditation and the appropriate Scope of Clinical Practice for each applicant;
 - (iv) consider applications by Accredited Practitioners for review of their authorised Scope of Clinical Practice and make recommendations to the Medical Advisory Committee;
 - (v) if requested by any of the Chief Executive Officer, the Director of Clinical Services, the Director of Medical Services, the chairperson of the Medical Association, the head of the clinical department or service area in which an Accredited Practitioner practises, the National Chief Executive Officer or the Board, review the current Scope of Clinical Practice of the Accredited Practitioner and, following due consideration and taking into account the qualifications, experience, competence, professional performance, Current Fitness, professional suitability of and confidence held in the Accredited Practitioner and the needs and capabilities of the Service, make recommendations concerning amendment or revocation of the Accredited Practitioner's Scope of Clinical Practice and/or Accreditation to the Service; and
 - (vi) ensure that each of its members is aware of their obligations to act fairly and without bias and to avoid conflicts of interest.
- (c) In undertaking its responsibilities, the Credentials and Scope of Clinical Practice Committee must take account of the following:
- (i) whether, and to what extent, the qualifications, experience, skills and training of each applicant for Accreditation support the Classification of Accreditation and Scope of Clinical Practice sought by the applicant;
 - (ii) the character and standing of each applicant, and whether each applicant is a suitable person to practice at the Service;
 - (iii) whether the Service can support the Scope of Clinical Practice proposed by each applicant; and

- (iv) whether in its opinion each applicant will continue to observe the current policies and processes of the Service.
- (d) The Credentials and Scope of Clinical Practice Committee may request any applicant for Accreditation or Re-Accreditation or any Accredited Practitioner whose Scope of Clinical Practice is under review to do one or more of the following things:
 - (i) provide evidence within a reasonable period of time of any aspect of their qualifications, experience, competence, professional performance, Current Fitness and professional suitability;
 - (ii) submit written material in support of their requested Scope of Clinical Practice; and
 - (iii) present in person to the Committee.
- (e) The Credentials and Scope of Clinical Practice Committee may recommend conditions on the Scope of Clinical Practice of any applicant for Accreditation or re-Accreditation or any Accredited Practitioner whose Scope of Clinical Practice is under review, including requirements for participation in a formal mentoring and/or supervision program, requirements for monitoring and/or review of performance and requirements for procedural throughput within a designated period.
- (f) In consultation with the Medical Advisory Committee, the Chief Executive Officer may:
 - (i) allocate the role of the Credentials and Scope of Clinical Practice Committee as defined in these By-Laws to the Medical Advisory Committee, in which case the Credentials and Scope of Clinical Practice Committee shall not be established; and/or
 - (ii) establish a Credentials and Scope of Clinical Practice Committee with a role which is more limited than that defined in these By-Laws, so long as the Medical Advisory Committee assumes the elements of the role which are not assumed by the Credentials and Scope of Clinical Practice Committee.
- (g) If the Medical Advisory Committee assumes some or all of the role which otherwise would be undertaken by the Credentials and Scope of Clinical Practice Committee, the Medical Advisory Committee must undertake that role in accordance with these By-Laws, as if it were the Credentials and Scope of Clinical Practice Committee.

31.2 Membership and Chairperson

- (a) Membership of the Credentials and Scope of Clinical Practice Committee shall comprise:
 - (i) at least one nominee Medical Practitioner of each of the clinical department or service areas of anaesthetics, medicine, obstetrics and surgery if such clinical departments or service areas have been established or if not at least three Accredited Practitioners nominated annually by the Medical Association; and

- (ii) a Medical Practitioner or Dentist nominated by the head of the clinical department or service area relevant to the application(s) for Accreditation or re-Accreditation, where such clinical departments or service areas have been established; or
 - (iii) if a clinical department or service area relevant to the application(s) for Accreditation or re-Accreditation has not been established, a Medical Practitioner or Dentist who practises in the relevant speciality appointed by the Chief Executive Officer (who may seek nominations for that appointment from the relevant professional body).
- (b) The chairperson of the Credentials and Scope of Clinical Practice Committee shall be elected for an annual term from the members of the Committee.
 - (c) The Chief Executive Officer, Director of Clinical Services and Director of Medical Services (if one has been appointed) shall attend meetings of the Credentials and Scope of Clinical Practice Committee but shall not vote at such meetings.

31.3 Meetings

Meetings of the Credentials and Scope of Clinical Practice Committee shall be held as required, but no less than annually.

31.4 Proceedings at Meetings

The requirements for meetings and proceedings for the Credentials and Scope of Clinical Practice Committee shall be the same as those provided for the Medical Advisory Committee in clause 30.5.

31.5 Referral of Functions

The Board may direct that the functions of the Credentials and Scope of Clinical Practice Committee (howsoever described) are exercised by another hospital or facility operated by Little Company of Mary Health Care. The Credentials and Scope of Clinical Practice Committee (howsoever described) of the hospital or facility exercising such functions pursuant to this clause 31.5 shall include such representation from the Service as determined by the Board.

32 CLINICAL REVIEW SUB-COMMITTEE

32.1 Role

The Clinical Review Sub-Committee shall:

- (a) conduct quality activities and investigations which may include monitoring clinical audit, medical record audit, morbidity and mortality review and adverse clinical incident review;
- (b) critically analyse the circumstances that surround a clinical incident, recommend process improvement to management, and advise the appropriate action for process improvement and monitor progress;
- (c) demonstrate leadership in and advise the Medical Advisory Committee on safety and quality issues relevant to the delivery of medical and dental services;

- (d) monitor and encourage the engagement of Medical Practitioners and Dentists in multidisciplinary quality assurance and improvement activities;
- (e) Advise the Chief Executive Officer through the Medical Advisory Committee of actions that need to be taken in relation to medical and dental services to assure and improve effective clinical review and safety and quality improvement activities and programs at the Service.

32.2 Membership and Chairperson

- (a) The Medical Advisory Committee shall establish the Clinical Review Sub-Committee comprising:
 - (i) in the case of the Service where clinical departments or service areas are established, one nominee from each of the clinical departments or service areas; or
 - (ii) where clinical departments or service areas are not established, a nominee from each major specialty group; and
 - (iii) the Chief Executive Officer, Director of Mission, Director of Clinical Services and Director of Medical Services (where appointed) (or their delegates).
- (b) Other relevant persons may be co-opted as determined by the Clinical Review Sub-Committee.
- (c) The chairperson of the Clinical Review Sub-Committee shall be elected for an annual term by the members of the committee from the Accredited Practitioner members of the committee.
- (d) As an alternative to creating a separate Clinical Review Sub-Committee, the Medical Advisory Committee may assume the responsibilities of the Clinical Review Sub-Committee provided an appropriate mix of specialties is represented on the Medical Advisory Committee or can be achieved through co-opting relevant persons. If the Medical Advisory Committee assumes some or all of the role which otherwise would be undertaken by the Clinical Review Sub-Committee, the Medical Advisory Committee must undertake that role in accordance with these By-Laws, as if it were the Clinical Review Sub-Committee

32.3 Meetings

Meetings of the Clinical Review Sub-Committee shall be held no less than four times per year.

Proceedings at Meetings

- (a) The Chief Executive Officer shall ensure that there is a minute secretary available to record the minutes of the Clinical Review Sub-Committee.
- (b) Summary of recommendations shall be submitted to the Medical Advisory Committee and also distributed to all those entitled to attend meetings of the Clinical Review Sub-Committee prior to the next meeting.
- (c) No business shall be considered at a meeting of the Clinical Review Sub-Committee until the minutes of the previous meeting have been confirmed or otherwise dealt with.

- (d) Minutes of a meeting shall be confirmed by resolution (other than decisions or resolutions in writing under clause 4.2(d)) and signed by the chairperson of the meeting at which the proceedings took place or by the chairperson of the next succeeding meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat.

PART F - GENERAL PROVISIONS

32.4 Conflicts of Interest

- (a) If a member of any committee established under these By-Laws or any person authorised to attend any committee meeting has a direct or indirect pecuniary interest or other actual or potential conflict of interest or duty:
 - (i) in a matter that has been considered or is about to be considered at a meeting, such a member or person shall at the commencement of the meeting disclose the nature of the interest and not participate in or be present for the relevant discussion or participate in any related decision or resolution; nor shall such a person be eligible to hold any office, without the consent of the Chief Executive Officer, whilst any such interest exists; or
 - (ii) in a thing being done or about to be done by the Service, such a member or person shall as soon as possible after the relevant facts have come to their knowledge, disclose the nature of the interest at the meeting.
- (b) A disclosure by a person at a meeting of the committee that the person:
 - (i) is a director or member or is in the employment of a specified company or other body;
 - (ii) is a partner, or is in the employment, of a specified person; or
 - (iii) has some other specified interest relating to a specified company or other body or a specified person,shall be deemed to be a sufficient disclosure of the nature of the interest, in any matter or thing, relating to that company, or other body, or to that person that may arise after the date of the disclosure.
- (c) The committee shall cause particulars of any disclosure made under this clause 32.4 to be recorded and declared by the member or authorised person in writing using a form of declaration approved by the Board or its approved delegate from time to time.
- (d) The chairperson of the committee shall advise the Chief Executive Officer of any disclosure made pursuant to this clause 32.4.
- (e) For the purposes of this clause 32.4, the fact that a member of the Medical Advisory Committee is a member of a particular discipline shall not of itself be regarded as creating a direct or indirect pecuniary interest, a conflict or potential conflict of interest or a direct or indirect material personal interest if that committee member participates in the Accreditation of a Health Practitioner in the same discipline.

32.5 No Compensation

No compensation is payable to members of committees for any services rendered in their capacities as committee members.

32.6 Insurance

The Service holds insurance covering defamation in relation to the participation by Accredited Practitioners and persons in committee processes of the Service subject to such activities being undertaken in good faith and in the conduct of the business associated with such processes. This coverage does not extend to any matter contained in a journal or publication or in any communication or contribution to the press, radio or television.

32.7 Statutory Immunity

Statutory immunity (otherwise referred to as qualified privilege) approval under relevant State or Commonwealth legislation may only be sought for the Clinical Review Sub-Committee or a quality activity with the approval of the Chief Executive Officer.

Schedule 1 - General Conditions of Accreditation

- (a) *Accredited Health Practitioners must:*
- (i) comply with the provisions of the Act, the By-Laws and the rules, policies and procedures established by the Service from time to time;
 - (ii) comply with the provisions of the Code of Ethical Standards for Catholic Health and Aged Care and Little Company of Mary philosophy, mission and values;
 - (iii) comply with codes of conduct and/or codes of behaviour adopted by the Service and/or Little Company of Mary Health Care from time to time;
 - (iv) comply with their authorised Scope of Clinical Practice;
 - (v) maintain their professional registration with the relevant National Board, and furnish annually to the Service when requested to do so documentary evidence of registration under the registration act for medical practitioners or Health Practitioners in the State;
 - (vi) attend patients as often as is necessary to ensure safe, high quality patient care, comply with accepted professional standards regarding attendance on patients, make appropriate arrangements for patient care when the Accredited Practitioner is ill, on leave or otherwise unable to attend their patients and comply with the Service's policy (as developed from time to time) regarding minimum standards of attendance on patients;
 - (vii) document patient consent in accordance with the Service's requirements and policy;
 - (viii) maintain adequate medical records in the format required by the Service, sufficient to meet professional obligations for safe patient care and consistent with the accreditation or certification standards that apply to the Service;
 - (ix) observe all reasonable requests made by the Service with regard to personal conduct at the Service and the provision of services at the Service;
 - (x) adhere to the generally accepted ethics of professional practice both in relation to colleagues and to patients;
 - (xi) observe the general conditions of clinical practice applicable to the Service;
 - (xii) comply with Little Company of Mary Health Care's policies regarding the presence in clinical areas of persons who are employed or engaged by medical equipment or device companies to promote and/or demonstrate the use of equipment and devices;
 - (xiii) maintain with an approved professional indemnity organisation an adequate level of professional indemnity insurance covering the authorised scope of clinical practice and in accordance with standards approved from time to time by Little Company of Mary Health Care;
 - (xiv) furnish annually to the Service documentary evidence of professional indemnity insurance including the level of cover; and advise the Service immediately of any material changes to the level of or conditions associated with professional indemnity insurance;

- (xv) be available or deputise an appropriately qualified Accredited Health Practitioner for emergency calls to the Accredited Health Practitioner's patients;
- (xvi) participate in formal on call arrangements as required by the Service;
- (xvii) participate in the Service's clinical safety and quality improvement program;
- (xviii) meet all reasonable requests to participate in the education and training of medical and other professional nursing and technical staff of the Service and of students attending the Service including facilitating the availability of patients for clinical teaching subject to:
 - (A) any contrary instructions by either the treating practitioner or the nurse unit manager; and
 - (B) informed consent being given by the patient;
- (xix) attend regularly and when reasonably so required participate in such pertinent clinical meetings, seminars, lectures and other training programmes as may be organised and held at the Service;
- (xx) seek approval in accordance with these By-Laws to undertake any New Clinical Services, Procedures or Other Interventions;
- (xxi) not aid or facilitate the provision of care by persons who are not Accredited Health Practitioners, including without limitation utilising surgical assistants who are not Accredited in accordance with these By-Laws or who are not in appropriate training positions at the Service;
- (xxii) comply with any statutory regimes as required by any working with children legislation or legislation with similar objectives applicable to Health Practitioners, including without limitation advising the Service if they are charged with having committed or are convicted of a sex or violence offence;
- (xxiii) authorise the Service to conduct a criminal history check with the appropriate authorities at any time;
- (xxiv) comply with all laws and Service policies and procedures in relation to occupational health and safety, anti-discrimination, bullying and harassment;
- (xxv) refrain from taking any action or making any statements which could cause the Service and/or Little Company of Mary Health Care any embarrassment or humiliation or otherwise reflect negatively on the Service and/or Little Company of Mary Health Care or cause the Service and/or Little Company of Mary Health Care to be held in disrepute; and
- (xxvi) not represent in any way that they represent Little Company of Mary Health Care or the Service in any circumstances, including the use of Service letterhead, unless with the express written permission of the Chief Executive Officer.
- (xxvii) at all times promote and support the business, strategic, clinical and ethical objectives of the Service;
- (xxviii) participate as reasonably required in activities and events that support and promote the business and strategic objectives of the Service, including:

- a. service planning and development activities, such as identifying future health care needs of the community and participating in relevant advisory and working groups;
 - b. activities relating to the planning for and acquisition of new technology, facilities and premises; and
 - c. promotional activities and events that seek to develop the profile of the Service within its community.
- (b) The admission of an Accredited Practitioner's patients to the Service is subject to bed availability and the availability and adequacy of nursing or allied health staff or facilities at the relevant Service given the type of treatment proposed to be conducted.
- (c) Any obligation for the Accredited Practitioner to participate in Service rosters shall be at the discretion of the Chief Executive Officer and may change from time to time.

Schedule 2 - Conditions associated with Accreditation Categories

Specialist Practitioners, Staff Specialists and Dentists:

- (a) may admit and treat patients within their authorised Scope of Clinical Practice;
- (b) must assume responsibility for the clinical care of patients admitted under their care;
- (c) must participate in continuing education activities of the Service; and
- (d) are full members of the Medical Association.

Surgical Assistants:

- (a) may not admit patients but may assist in theatre and visit patients in ward areas and examine clinical records;
- (b) may not initiate or change treatment orders;
- (c) may have their Scope of Clinical Practice limited to a particular specialty or surgeon;
- (d) may participate in continuing education activities of the Service; and
- (e) are not members of the Medical Association.

Consultant Emeritus:

- (a) may not admit patients unless they also are Accredited under a classification which authorises patient admission and treatment;
- (b) may consult to other practitioners on the care of their patients within their Scope of Clinical Practice;
- (c) may participate in continuing education activities of the Service; and
- (d) are members of the Medical Association but having no voting rights unless they also have an Accreditation Category to which voting rights attach.

General Practitioners, General Practitioners (Obstetrics) and General Practitioners (Anaesthetics):

- (a) may not admit patients except at the absolute discretion of the Board;
- (b) must participate in continuing education activities of the Service; and
- (c) are not members of the Medical Association unless the Board has approved a Scope of Clinical Practice which includes admission of patients.

Hospital Medical Practitioners:

- (a) may not admit patients under their own authority, but may initially admit a patient with the specific authority of an Accredited Practitioner who:
 - (i) is authorised to admit patients;
 - (ii) has agreed to assume responsibility for the patient's treatment; and
 - (iii) undertakes to personally see the patient as clinically indicated but in all circumstances within 48 hours of admission;
- (b) must participate in continuing medical education activities of the Service; and
- (c) are not members of the Medical Association.

Allied Health Practitioners, Nurses and Midwives:

- (a) may not admit patients;
- (b) may treat admitted and non-admitted patients who are under the care of an Accredited Practitioner, within their Scope of Clinical Practice;
- (c) may consult to other practitioners on the care of their patients within their Scope of Clinical Practice;
- (d) must participate in continuing education activities of the Service; and
- (e) are not members of the Medical Association.

Midwife Practitioners and Nurse Practitioners:

- (a) may not admit patients except at the absolute discretion of the Board;
- (b) must assume responsibility for the clinical care of patients admitted under their care (if applicable);
- (c) may consult to other practitioners on the care of their patients within their Scope of Clinical Practice;
- (d) must participate in continuing education activities of the Service; and
- (e) are not members of the Medical Association.