

## **BY-LAWS**

for

## **MEDICAL OFFICERS**

in

## **VICTORIA**



City Fertility Notting Hill Pty Ltd

(t/a City Health Notting Hill Day Hospital)

Endorsed by City Health Notting Hill Medical Director – Roshan Shamon



City Fertility Melbourne Pty Ltd

(t/a City Health Jolimont Day Hospital)

Endorsed by City Health Jolimont Medical Director – Anne Poliness

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## 1. SCOPE

- 1.1. These by-laws determine the clinical governance requirements with respect to accredited medical officers credentialed by City Health Day Hospitals and Procedure Centres;
- 1.2. The Chief Executive Committee has the sole authority to make and amend these by-laws;
- 1.3. The Chief Executive Committee members may include but are not limited to: City Fertility Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, General Manager, National Managers (where applicable) & member(s) of the CF Clinical Practices Committee;
- 1.4. Sites include:  
City Fertility Notting Hill Pty Ltd (CF), trading as City Health Notting Hill Day Hospital (NDH)  
City Fertility Melbourne Pty Ltd (CF), trading as City Health Jolimont Day Hospital (JDH)

## 2. ALL ACCREDITED MEDICAL OFFICERS are expected to:

- 2.1. Respect and support City Fertility's Mission (see appendix A);
- 2.2. Attain and maintain excellence in all episodes of patient care through individual and collective activity and close cooperation with the hospital's management and staff;
- 2.3. Comply with relevant City Fertility & City Health Policies and Procedures;
- 2.4. Treat all staff members with professionalism and respect;
- 2.5. Abide by these by-laws and work within the limits of their accreditation and scope of practice;
- 2.6. Comply with the National Safety and Quality Health Service (NSQHS) Standards and other legislated requirements;
- 2.7. Be aware of the hospital's emergency procedures;
- 2.8. Notify the GM or delegate in writing if their professional indemnity insurance lapses; their accreditation is withdrawn or suspended from any hospital or medical institution; or any restrictions are placed on their registration to practice or their registration is suspended or cancelled;
- 2.9. Adhere to responsible billing practices for City Health patients;
- 2.10. Comply with reasonable requests to participate in hospital staff training;
- 2.11. Notify the GM or delegate and/ or Audit and Risk Committee (ARC) of any potential or actual patient health or safety incidents that occurred or are associated with City Health Day Hospitals and
- 2.12. Avoid treating their relatives (as per AHPRA guidelines).

## 3. MEDICAL ADVISORY COMMITTEE (MAC)

- 3.1. A Medical Advisory Committee (MAC) is established in accordance with the *Victorian Health Service Regulations 2013* and *Standard 1. Clinical Governance Standard - National Safety and Quality Health Service (NSQHS) Standards*. [Clinical Governance Standard](#)
- 3.2. The membership constitution, method of selection of appointees, term of appointment, frequency of meetings and quorum of the MAC is determined by its Terms of Reference;
- 3.3. The MAC is the senior coordinating body of medical services supplied to City Health Day Hospitals and Procedure Centres. It is responsible for and reports to the Chief Executive Committee. The Terms of Reference outline its responsibilities in keeping with the *Health*

*Services Act 1988* (Vic);

- 3.4. It is the duty of the MAC to report to the VIC Health Secretary any repeated failure by the Hospital to act on the committee's advice where the failure is likely to adversely impact the health or safety of patients;
- 3.5. Any matter put to the vote at a meeting may be decided by a simple majority vote of those who are present via the show of hands or by secret ballot. Proxy voting is not permitted;
- 3.6. Members of the Medical Advisory Committee are covered by City Health Insurance when undertaking the official functions of the MAC;
- 3.7. The secretary will be responsible for, as soon as reasonably practicable, notifying the VIC Health Department Secretary in writing:
  - the name, contact details and qualifications of each person who becomes a member of the MAC for the Hospital; and
  - the date on which each such person ceases to be a member of the committee.

#### **4. ACCREDITATION OF MEDICAL OFFICERS TO CITY HEALTH DAY HOSPITAL/PROCEDURE CENTRE**

##### **4.1. Definition of Accreditation Types**

###### **4.1.1. Temporary:**

- a) A temporary accreditation is an appointment of an Accredited Medical Officer for a specified period up to three months, unless otherwise determined by the MAC;
- b) The GM or delegate may approve temporary accreditation after completion of appropriate credentialing documentation and reference checks and sign-off from the MAC representative for the requested scope of practice.
- c) The decision to make the temporary appointment and any supporting documentation must be reviewed by the MAC at its next scheduled meeting;
- d) A temporary accreditation does not create a right or expectation of accreditation at a later date.

###### **4.1.2. Full Appointment:**

- 4.2. Applicant approved by the MAC for up to three years.

##### **4.3. Accreditation Requirements:**

- 4.3.1. Accreditation to City Health is a privilege that will be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements contained in these by-laws and in such policies as are adopted from time to time by the MAC and City Health Executive;
- 4.3.2. Only practitioners who are accredited to City Health may admit, care for and treat patients at City Health Day Hospitals and Procedure Centres;
- 4.3.3. Practitioners will be considered for accreditation to City Health only if they can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation and character and their ability to work harmoniously with others sufficiently to convince City Health that all patients treated by them in the hospital will receive quality care and that the hospital and its staff will be able to operate in an effective manner;

- 4.3.4. The MAC has complete discretion as to whether to grant accreditation and is not bound to accept any application.
- 4.3.5. By applying for accreditation to City Health Day Hospitals and Procedure Centres, applicants agree to:
- a) Accept these by-laws as published, revised and circulated from time to time. No medical officer will be accredited unless he or she has signed an undertaking on the application form to observe at all times the by-laws and regulations of the day hospital;
  - b) Respect and support City Fertility's Mission and Core Values;
  - c) Support the strategic direction of the hospital and utilise the services offered by City Health wherever appropriate; and
  - d) Support teaching activities at City Health facilities as appropriate.
- 4.3.6. For all medical officers, the requirement for accreditation is registration as a Specialist with the Medical Board of Australia, which covers the specialty area in which the medical officer is to practice.
- 4.3.7. It is a requirement that all Accredited Medical Officers can demonstrate competence according to accepted professional standards.

#### **4.4. Application for Accreditation**

- 4.4.1. The process for accreditation, and the process for any change to accreditation, is confidential and should not be disclosed to any person not involved in the process under these by-laws;
- 4.4.2. Any Medical Practitioner who wishes to apply for Accreditation, Re-accreditation or an increase in Scope of Clinical Practice at City Health must obtain an application form (and any related material, including a copy of these by-laws) and must complete and submit the application form to the GM or their delegate. This application will then be presented at the next MAC meeting.
- 4.4.3. The applicant must satisfy the following criteria and provide the following:
- a) Evidence of current medical registration and current professional medical indemnity insurance;
  - b) Evidence of membership of the appropriate specialist college to which the privileges applied for, pertain;
  - c) The names and contact details of two professional referees appropriate to the application;
  - d) A declaration of any present action of a medico-legal nature against them;
  - e) A declaration of any prior or present circumstances where clinical privileges have been denied or withdrawn or any circumstances where medical registration has been denied or withdrawn;
  - f) State precisely the scope of practice that they wish to be credentialed for;
  - g) Provide a 100-point identity check.
- 4.4.4. Appointment by the MAC will include a description of the scope of practice and any exclusions, conditions or restrictions deemed appropriate. Scope of practice may be limited to specific item numbers or by descriptors of services to be provided;

- 4.4.5. If an Accredited Medical Officer undertakes further training that qualifies them to perform additional procedures, then application for these privileges should be made, via the GM or their delegate, to the MAC;
- 4.4.6. Medical practitioners will not be permitted to perform any procedure for which they are not accredited;
- 4.4.7. The applicant has no right of appeal should the MAC determine that accreditation will not be offered.

#### **4.5. Following the MACs decision**

- 4.5.1. The practitioner will be advised of the decision in relation to their accreditation status by letter from the GM or their delegate;
- 4.5.2. If the applicant is successful, the Accredited Medical Officer's name will be added to the day hospital's Accredited Medical Officer list and the FYDO database in the approved specialty, with the privileges accorded. The Day Hospital's Doctor Databases are the primary record of accreditation details.

#### **4.6. Period of Accreditation**

- 4.6.1. Continued accreditation to the City Health Day Hospital depends on mutual goodwill, mutual benefit, and a satisfactory outcome in terms of services provided to patients between City Health and the Accredited Medical Officer. Both City Health and the Accredited Medical Officer are free to withdraw from the association at any time.
- 4.6.2. The MAC may grant accreditation for whatever period it sees fit, up to a maximum of three years;
- 4.6.3. At the expiration of a period of accreditation, the Accredited Medical Officer must apply for re-accreditation in accordance with these by-laws.

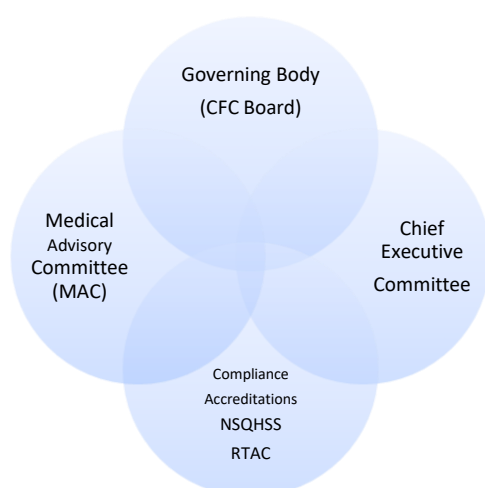
#### **4.7. New Procedures**

- 4.7.1. Practitioners wishing to be accredited in a new procedure must apply for approval by the CPC and MAC.

#### **4.8. Surgical Assistants**

- 4.8.1. Surgical assistants may be assessed by the GM or their delegate (Applicants in this category will also have to apply and be accepted by the MAC).

## 5. GOVERNANCE STRUCTURE



## 6. ALTERATION, SUSPENSION OR WITHDRAWAL OF ACCREDITATION PRIVILEGES

- 6.1. The MAC may alter, suspend or withdraw the accreditation of an Accredited Medical Officer at any time, and may delegate this responsibility to the GM or their delegate. Alteration or suspension of privileges may be active immediately or following the process at 6.2 depending on the perceived risk to patient safety or the hospital's reputation.
- 6.2. The factors that may give rise to alteration, suspension or withdrawal of accreditation include, but are not limited to:
- 6.3. Notification of any circumstance where the outcome of an investigation into a complaint through the day hospital's complaint process about an Accredited Medical Officer indicates that privileges need review;
- 6.4. The AMO has not provided satisfactory evidence on demand for their professional qualifications, current registration as a Medical Practitioner or sufficient and current professional medical indemnity insurance;
- 6.5. The Accredited Medical Officer has been found to have made a false declaration to City Health either through omission of important information or inclusion of false information
- 6.6. Inappropriate conduct by an Accredited Medical Officer such as:
  - a) Uncooperative or disruptive conduct;
  - b) harassment;
  - c) discriminatory behaviour;
  - d) an inability to work harmoniously with others;
  - e) behaviours that undermine a culture of quality and safety.
- 6.7. If, after a hearing by the MAC, an Accredited Medical Officer is found guilty of unprofessional conduct, negligence or wilful misconduct, and that recommendation is endorsed by the Chief Executive Committee and
- 6.8. If the MAC or Chief Executive Committee otherwise considers that withdrawal or suspension of an Accredited Medical Officer's privileges is in the interests of patients or City Health Day Hospitals.

## **6.9. Procedure for Review of Accreditation Privileges**

6.9.1. When deciding whether to alter, suspend or withdraw an Accredited Medical Officer accreditation privileges, The City Health Day Hospital will adopt the following procedure:

- a) A meeting will be convened between the Accredited Medical Officer, MAC Chairperson or their delegate, or the GM or their delegate. An alternative representative from the MAC or department may be sought if a proposed panel member or the Accredited Medical Officer reports a material conflict of interest that may arise due to their involvement. Additional panel members may be included at the discretion of the GM or their delegate;
- b) The Accredited Medical Officer will be given notice of the primary issues of concern and may provide a written response to the meeting;
- c) The meeting will review the available information and determine whether or not the matter can be resolved without a review of the Scope of Practice. An independent person or persons may be commissioned to assist in this review;
- d) If the meeting does not resolve the matter to the satisfaction of the hospital, or if the Accredited Medical Officer fails to comply with any conditions laid down on behalf of the hospital at the meeting, a hospital representative will consult with the MAC Chairperson to discuss what action is appropriate;
- e) If the MAC considers further action is warranted, they will make a recommendation to the Chief Executive Committee on whether the Accredited Medical Officer privileges should be suspended or withdrawn pursuant to these by-laws;
- f) The Chief Executive Committee will then consider the matter and the MAC's recommendation before making a decision. The Chief Executive Committee will notify the practitioner in writing of its decision. The Accredited Medical Officer then has the right under these by-laws to request a review by MAC of any decision of the Chief Executive Committee to suspend or withdraw privileges and may make submissions to MAC;
- g) Following its review of the Chief Executive Committee decision, the MAC may make a further recommendation to the Executive in respect of the decision. The Executive must then reconsider the matter at its next meeting and either confirm or vary its decision. The Chief Executive Committee is under no obligation to follow the recommendation of the MAC. At this point the Chief Executive Committee decision becomes final.

## **7. NOTIFICATION TO OTHER PARTIES**

7.1. Matters that result in the alteration, suspension or withdrawal of accreditation may be notified to the Medical Board of Australia. The GM must comply with their obligations of mandatory reporting of Notifiable Conduct as prescribed in the Health Practitioner Regulation National Law (VIC).



## **7.2. Notification by the Medical or Health Professional Council**

- 7.2.1. Section 206 of the Health Practitioner Regulation National Law Act 2009 provides for Health Professional Councils to notify employers or 'accreditors' of all conditions of registration, including health conditions.
- 7.2.2. The GM may choose to notify another person they consider to be responsible for ensuring the safety of patients at premises used by the registered health practitioner.
- 7.2.3. The GM or nominated information recipients must take steps to ensure that information relating to a practitioner's impairment is not unnecessarily disclosed.

## **7.3. Reportable Misconduct**

- 7.3.1. Notwithstanding the provisions for less severe matters above, the requirements for mandatory reporting of misconduct under section 140 of the Health Practitioner Regulation National Law dictate that notifiable conduct, in relation to a registered health practitioner, means the practitioner has:
  - a) Practising the practitioner's profession while intoxicated by alcohol or drugs; or
  - b) engaging in sexual misconduct in connection with the practice of the practitioner's profession; or
  - c) placing the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
  - d) placing the public at risk of harm by practicing the profession in a way that constitutes a significant departure from accepted professional standards.

## **7.4. Behaviours that Undermine a Culture of Quality and Safety**

- 7.4.1. The following behaviours are not acceptable to City Health as they undermine a culture of quality and safety. Observed behaviours will be managed as per hospital policies and these by-laws
  - a) Aggressive behaviours such as anger outbursts, verbal threats, swearing, physical intimidation, throwing objects and sexual harassment;
  - b) Passive aggressive behaviours such as derogatory comments about the hospital or staff;
  - c) Making inappropriate or inadequate patient notes;
  - d) Any behaviour that interferes with the ability to achieve a good working environment, such as behaviour that creates an intimidating, hostile or offensive work environment; behaviour that threatens individual team physical safety; and behaviour that violates policies, including those on conflicts of interests and compliance.

## **8. REINSTATEMENT OF ACCREDITATION PRIVILEGES AFTER A PERIOD OF SUSPENSION**

- 8.1. Provided accreditation has not been permanently withdrawn, and after the period of suspension or after conditions for reaccreditation are met, a suspended AMO may re-apply for re-accreditation.

- 8.2. Any conditions of registration of the AHPRA Medical Board or professional body must be disclosed to the GM or their delegate who will present them to the MAC for consideration;
- 8.3. The MAC may add further conditions as they see fit, or may recommend that reaccreditation is inappropriate despite AHPRA Medical Board or other registration board or professional body registration.
- 8.4. The MAC will make a recommendation to the City Health Executives for its consideration. The Executives will make a decision on the matter.

## **9. LEAVE OF ABSENCE**

- 9.1. In order for theatre lists to be reallocated and/ or staffing numbers to be altered, an Accredited Medical Officer should notify the GM or their delegate of any leave of absence.
- 9.2. If an Accredited Medical Officer has a significant hospitalisation, illness or injury that may affect their ability to perform duties (e.g. affecting vision or function of hand(s) for surgeons/proceduralists, or affecting cognitive functioning), the GM or delegate must be notified. The Accredited Medical Officer will be listed on the Day Hospital Doctors' Database as on a leave of absence and must provide evidence to GM, or delegate, of fitness to return to duty prior to recommencing clinical duties.

## **10. RE-ACCREDITATION**

- 10.1. City Health Day Hospital facilities undertake re-accreditation at least every 3 years.
- 10.2. An Accredited Medical Officer must apply for re-accreditation before the expiration of the accreditation term to maintain accreditation with the facility.
- 10.3. At the re-accreditation review, the MAC will consider whether the practitioner meets the requirements for re-accreditation. Those requirements include, but are not limited to:
  - 10.3.1. being involved in quality management and behaviours that support the culture of quality and safety;
  - 10.3.2. continuing medical education activities;
  - 10.3.3. maintaining adequate medical records;
  - 10.3.4. having an acceptable standard of quality in his or her clinical services.

### **10.4. Indicators of Performance**

- 10.5. Information or documents provided to the GM, Executive, MAC or any delegate of these persons may be reviewed to indicate whether the requirements of the by-laws have been satisfactorily performed. Examples of documents that may be reviewed are:

- a) complaint and incident monitoring systems;
- b) behavioural observations;
- c) medical records;

Should there be any concern regarding performance, this will be discussed with the Accredited Medical Officer. The Accredited Medical Officer must be afforded the opportunity to reply to any matters of concern.

## 11. CLINICAL RESPONSIBILITIES OF ACCREDITED MEDICAL OFFICERS

- 11.1. An Accredited Medical Officer admitting a patient to City Health Day Hospitals is responsible for the continuity of care and for the discharge of that patient.
- 11.2. An Accredited Medical Officer must only complete procedures within their scope of practice as specified in the AMO Credential Application Checklist.
- 11.3. An Accredited Medical Officer must re-complete the AMO Credential Application Checklist with a 'Change in Scope of Practice' should they wish to alter the scope of their practice. The change in scope must be reviewed and approved by the MAC and GM prior to the Accredited Medical Officer completing any new procedures. Approval is based on City Fertility's standard training, which requires observation, completion under supervision and then being formally signed off as competent by the Medical Director.
- 11.4. If a patient presents with:
- a) BMI >35; and/ or
  - b) weight over 100kgs;
- An Accredited Medical Officer may request review from an anaesthetist as well as the DON to determine suitability for admission to the Day Hospital based on risk assessment for both the patient and City Health Staff. More details please refer to [Assessment Criteria for Patients Suitability for Admission to Day Hospital/ Procedure Centre](#), [Link to be added to updated policy.](#)
- 11.5. Amongst other things, he or she must:
- a) Make available to the hospital for use by clinical staff at least two methods of contact, both between working hours and after hours, for example: rooms phone number and mobile phone during hours and home phone number and mobile phone after hours;
  - b) be available for contact at all times;
  - c) admit only patients who meet the criteria identified in the policy *Suitability of Patients for Admission to City Health Day Hospital/ Procedure Centre*;
  - d) keep their patient's length of stay to the minimum required;
  - e) keep the patient or relevant next of kin informed of the treatment plan;
  - f) record all MBS numbers on the operation or procedure record.
- 11.6. Accredited Medical Officers must respond to all reasonable requests by hospital staff in a timely manner and attend to patients promptly when requested by hospital staff for good clinical reasons.
- 11.7. The hospital expects Accredited Medical Officers to communicate regularly and fully with patients about all aspects of their treatment and to treat patients with courtesy and sensitivity. City Health stresses the fundamental importance of Accredited Medical Officers responding to patient complaints.
- 11.8. Accredited Medical Officers must encourage and support clinical and patient care review, evaluate their own services and performance and use such information to supply optimal patient care.
- 11.9. Should an Accredited Medical Officer become aware of a clinical situation that may pose a

medico-legal risk for City Health, they must promptly submit an incident report or advise the Medical Director and General Manager. The Accredited Medical Officer is to adhere to the *CF Open Disclosure Policy*.

11.10. Accredited Medical Officers must strictly adhere to the hospital's Infection Prevention and Control procedures relating to patient care.

11.11. Accredited Medical Officers shall comply with the hospital's Workplace Health & Safety policies and procedures to ensure the safety of themselves, staff and patients. Accredited medical officers have the same responsibility as hospital staff in ensuring workplace health and safety, but they must not place themselves or others at risk. Workplace accidents or incidents must be notified to hospital management to ensure appropriate risk management procedures are implemented. Important aspects of Workplace Health & Safety for Accredited Medical Officers include:

- a) Safe working hours;
- b) avoidance of sharps injuries and body fluids contact to themselves and others;
- c) adherence to manual handling policies;
- d) adherence of standard and specific infection precautions;
- e) ensuring a safe return to work after illness or injury; and
- f) ensuring no behaviour occurs that could be perceived as bullying or harassment.

#### 11.12. Medical Records

According to *Clause 10.5 of Good Medical Practice: A Code of Conduct for Doctors in Australia*, "Good medical practice involves: keeping accurate, up-to-date and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be understood by other health practitioners". Such medical records also form part of the clinical handover/ communication process required in NSQHSS, Standard 6: Communicating for Safety.

11.13. The adequacy of Accredited Medical Officers' health care records is an important consideration when City Health reviews accreditation privileges. Healthcare records must be sufficient for the current and future care of the patient. Important and specific responsibilities include the recording or completion of:

- a) Hospital booking form, including co-morbidities, a plan of treatment, and all anticipated MBS item numbers;
- b) Any therapeutic orders, including pre-operative medications, current medications, drug allergies and intravenous fluid orders;
- c) The reason for the operation must be recorded on the operation or procedure record. If there were any particular problems/ complications or variances, these must also be recorded;
- d) Resuscitation and Treatment Directive where the patient has provided an Advance-Care Directive;
- e) Discharge instructions;
- f) If the patient is being transferred to another healthcare facility, a summary and letter of referral should be completed prior to transfer so that it can travel with the patient.

- 11.13.1. All diagnostic and therapeutic orders must be given in writing, dated and signed.
- 11.13.2. Any telephone orders for medications must be given to a Registered Nurse, who will read the order back to the Accredited Medical Officer for confirmation.
- 11.13.3. In accordance with *Section 58 of the Poisons and Therapeutic Goods Regulation 2008*, the record of these orders must be entered in the notes and signed by the Accredited Medical Officer within 24 hours of being given by telephone or confirmed in writing via an email or fax.
- 11.13.4. Although healthcare records are confidential and remain the property of City Health Day Hospitals, patients have the right to access a copy of their notes. Health care records do not leave the day hospital except when arranged by the Medical Records Department as required by the coroner, subpoena/ production notice or by search warrant.

#### **11.14. Consent**

- 11.14.1. Accredited Medical Officers must provide their patients with a full explanation of the patient's proposed treatment, including an explanation of material risks and side effects, any alternatives, any pre-operative screening that is to be undertaken and any other relevant information, such as the consequences of not having the treatment.
- 11.14.2. Accredited Medical Officers must also ensure that each patient consents to the proposed treatment and has signed the appropriate Consent Form.
- 11.14.3. For non-English-speaking patients, a translator may have to be obtained. If a translator has been obtained, the name and position of the translator must be recorded in the patient's medical record.
- 11.14.4. Accredited Medical Officers must comply with their obligations under the Privacy Amendment (Private Sector) Act 2000 and Health Records Act 2001 (VIC), particularly in relation to obtaining patient consent for the use and disclosure of the patient's personal health information.
- 11.14.5. The correct patient, site, and procedure policy must be followed for all procedures. The surgeon/ proceduralist is fully responsible for ensuring that "time out" and related aspects of the policy are followed.

## **12. OBLIGATIONS OF ACCREDITED MEDICAL OFFICERS**

### **12.1. Conduct**

- 12.2. The medical practitioners conduct is to be in accordance with the Medical Board Australia *Good Medical Practice: A Code of Conduct for Doctors in Australia 2010* and the National Safety and Quality Health Service Standards, National Clinical Standards and other legislated standards. Requirements include completion of Advanced Life Support (ALS) training (training provided) and the Hand Hygiene self-directed learning module on Hand Hygiene Australia's website.
- 12.3. Any medical practitioner who wishes to perform procedures in a licenced facility using conscious sedation techniques without an anaesthetist present must be able to show when credentialed and maintain Advanced Life Support certification for the duration of their tenure.
- 12.4. City Health aims to provide a work environment that promotes courtesy, trust, equity and mutual respect across the workforce. All acts of threatening behaviour, bullying, harassment,

intimidation, threats, verbal and physical abuse/ violence and discrimination are expressly prohibited.

- 12.5. Accredited Medical Officers must comply with City Fertility's policies in relation to abuse, discrimination, bullying and harassment as amended from time to time.
- 12.6. Accredited Medical Officers must be aware of City Fertility's Code of Conduct and agree to uphold it.
- 12.7. Accredited Medical Officers must be aware of the importance of maintaining patient confidentiality and must not disclose confidential patient information except as required by law. They are also to comply with the City Health Privacy Policy and ensure that they exercise care when handling and communicating patient information electronically.
- 12.8. Accredited Medical Officers must comply with City Fertility's media policy.
- 12.9. Unless a practitioner has prior written approval from the National Sales and Marketing Manager, a practitioner may not use City Health branding in any format (logo, letterhead, etc.) as marketing material or for promotional activities. The use of City Health-related images or information in marketing/ promotional activities must be approved by the National Sales and Marketing Manager.
- 12.10. City Health holds IP for all information, documentation and publications it generates. Accredited Medical Officers may not use City Health information without prior consent.
- 12.11. Accredited Medical Officers must comply with security and parking policies.
- 12.12. Accredited Medical Officers wishing to undertake research at City Health Day Hospitals must do so in accordance with the CF National Research Committee Terms of Reference.

#### **CONDUCT OF SURGERY**

- 12.13. Surgeons must familiarise themselves with theatre room procedures outlined in City Health policies.
- 12.14. All surgeons must conduct adequate pre-operative investigations and preparation on their patients.
- 12.15. Where tissue examination is necessary, the Accredited Medical Officer should submit such tissue for histological examination by a pathologist. City Health will obtain a copy of the pathology report from the pathology company for all specimens.
- 12.16. The pathologist's report must be entered into the patient's medical record.
- 12.17. The surgeon is responsible for ensuring that the hospital procedure for monitoring swabs and other surgical equipment is followed and for ensuring the accuracy of the swab and surgical equipment count.

### **13. ANAESTHETIC CARE**

- 13.1. The administration of anaesthetics to patients must only be by an Accredited Medical Officer duly qualified and accredited.
- 13.2. No general anaesthetic may be commenced unless the surgeon who is to perform the surgery or procedure for which the anaesthetic is being administered is present on the premises and all anticipated equipment to undertake the procedure is available.
- 13.3. The anaesthetist must maintain a complete anaesthetic record including evidence of pre-anaesthetic evaluation, intra-anaesthetic drugs administered, progress and post-anaesthetic follow-up of the patient's condition. It is expected that post-operative orders be documented for pain relief.
- 13.4. An ASA rating must be recorded for every patient undergoing a procedure.
- 13.5. S8 drugs must be managed in accordance with Part 4, Division 3 of the Poisons & Therapeutic Goods Regulation 2008 and hospital policy, including documentation of the amount of S8 drugs discarded.
- 13.6. A printout of the anaesthetic monitoring must be attached to the hospital record.

### **14. EMERGENCIES**

- 14.1. In cases of emergency or in other exceptional circumstances, day hospital management may take such action as it deems fit in the interests of the patient. This may include a request for attention by an available Accredited Medical Officer. In such cases, the following applies:
  - a) As soon as possible, the patient's Accredited Medical Officer will be advised of the circumstances of the patient and of the action taken and
  - b) the patient will generally be returned to the care of the Accredited Medical Officer in charge of the case as soon as possible, who will then give his or her own instructions regarding further care and consultations.
- 14.2. The day hospital requires all Accredited Medical Officers to:
  - a) Make themselves aware of the day hospital's emergency procedures;
  - b) assist the day hospital where necessary in an emergency.

### **15. ETHICS**

- 15.1. City Health expects high standards of personal and professional conduct in accordance with the codes of ethics of the AHPRA Medical Board, Australian Medical Association, professional Colleges, registration boards or associations and City Fertility's Code of Conduct policy.
- 15.2. City Health may also establish guidelines or requirements regarding ethical matters and may take any action appropriate to maintain and preserve the standards it upholds.
- 15.3. City Fertility's Ethics Committee constituted according to the guidelines laid down by the National Health & Medical Research Council to:
  - a) Assist with planning and policy development in relation to ethical issues;
  - b) formulate guidelines for protocols and procedures where ethical concerns are involved;
  - c) ensure procedures relating to the obtaining of informed consent are adequate;
  - d) consider, make recommendations on, approve and monitor research proposals and

- clinical trials;
  - e) enhance awareness of ethical concerns in relation to patient care and contribute to education on ethical aspects of health care; and
  - f) provide guidance on ethical concerns to City Health and its Accredited Medical Officers in specific clinical situations
- 15.4. All proposals for research to be undertaken at or in association with City Health must be forwarded via the GM to City Fertility's Ethics Committee for consideration and approval. Research that has not been approved must not be undertaken in City Health facilities.
- 16. RESUSCITATION GUIDELINES & ADVANCED CARE DIRECTIVES**
- 16.1. A Resuscitation and Treatment Directive should be considered where a patient has provided an advanced care directive to the hospital.



## 17. APPENDIX A: MISSION

City Fertility and Notting Hill Day Hospital aims to create an environment where their patients are provided exceptional care in a safe environment. For our organisation to achieve this, our company aims to create a culture where clinicians and employees feel supported and have the opportunity to contribute to the overall team in a positive manner. City Fertility and Notting Hill Day Hospital encourages our clinicians, clinic & day hospital staff to succeed and to embrace a culture based on continual improvement to ensure our organisation provides exceptional patient care. To define this culture, City Fertility and Notting Hill Day Hospital Core Values have been established.



It is expected that all clinicians & employees adhere to these values, as follows:

### Your role

As a member of the Hospital health care team, you play a significant role in carrying out this mission through the work that you do every day and through the interactions that you have with patients, staff, and colleagues.

By integrating City Fertility's key values & Notting Hill Day Hospital's key values into your daily tasks you can support and promote the caring, supportive environment for which City Fertility is known. All of us working together will carry this Day Hospital into the future and make life better for the patients, clinicians, staff and the people in the community that we serve – enabling the Notting Hill Day Hospital to become a favourite women's health facility.

18. APPENDIX B: MEDICAL OFFICER TIERED CREDENTIALLING GUIDELINES

AMC Recognised Specialty or Subspecialty	Sub-specialty or Non-AMC recognised specialty	Procedures	Guidelines for Credentialing
<b>ANAESTHESIA</b>			
Anaesthesia			<ul style="list-style-type: none"> <li>Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) or equivalent</li> </ul>
<b>GYNAECOLOGY</b>			
	Gynaecology		<ul style="list-style-type: none"> <li>Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) or.</li> </ul>
		Advanced Endoscopic surgery & endometrial ablations	<ul style="list-style-type: none"> <li>As per Gynaecology plus:</li> <li>Satisfies the requirements of the Royal Australian College of Obstetricians and Gynaecologists, Guidelines for training in advanced endoscopic surgery and endometrial ablations March 2007</li> </ul>
Certificate of Reproductive Endocrinology and Infertility (CREI)			<ul style="list-style-type: none"> <li>As per Gynaecology plus:</li> <li>Three years of additional Reproductive Endocrinology and Infertility subspecialty training and endorsement of completion by Council of RANZCOG</li> <li>Desirable: Member of the Fertility Society of Australia.</li> </ul>
Urogynaecology			<ul style="list-style-type: none"> <li>As per Obstetrics and Gynaecology plus:</li> <li>Three years of additional Urogynaecology subspecialty training and endorsement of completion by Council of RANZCOG</li> <li>Desirable: Member of Urogynaecology Society of Australasia.</li> </ul>
<b>SURGICAL ASSISTANT</b>			
	Surgical Assistant		<ul style="list-style-type: none"> <li>Has provided regular surgical assisting during the past year or has surgical training beyond PYG2 Level or has completed training in Surgical Assisting.</li> </ul>

## 19. APPENDIX C: REFERENCES

### Commonwealth Legislation

Health Insurance Act 1973

<https://www.legislation.gov.au/C2004A00101/2022-06-13/text>

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### National References:

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<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

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Australian Council for Safety and Quality in Health Care. Credentialing and Defining the Scope of Clinical Practice Handbook. Commonwealth of Australia. May 2005.

<https://www.safetyandquality.gov.au/sites/default/files/migrated/credentlhb05.pdf>

Australian Council for Safety and Quality in Health Care. Standard for Credentialing and Defining the Scope of Clinical Practice – A National Standard for Credentialing and Defining the Scope of Clinical Practice of Medical Practitioners, for use in Public and Private Hospital. Commonwealth of Australia. 2004

<https://www.safetyandquality.gov.au/sites/default/files/migrated/credentl1.pdf>

Medical Board of Australia. Good Medical Practice: A code of Conduct for Doctors in Australia. 2020

<https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

Medical Board of Australia. Medical - Guidelines for Mandatory Notifications.

<https://www.ahpra.gov.au/Notifications/mandatorynotifications.aspx>

Medical Board of Australia. Medical Guidelines for Advertising of Regulated Health Services.

[Medical Guidelines for Advertising of Regulated Health Services.](#)

### VIC Legislation:

Health Practitioner Regulation National Law (VIC) Act 2009

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

Health Records Act 2001 (VIC)

<https://www.health.vic.gov.au/legislation/health-records-act>

Health Records Regulations (2023)

<https://www.legislation.vic.gov.au/in-force/statutory-rules/health-records-regulations-2023/001>

The Drugs, Poisons and Controlled Substances Act 1981

<https://www.legislation.vic.gov.au/in-force/acts/drugs-poisons-and-controlled-substances-act-1981/136>

The Drugs, Poisons and Controlled Substances Regulations 2017

<https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/018>

Health Services (Health Service Establishment) Regulations 2013

<https://www.legislation.vic.gov.au/in-force/statutory-rules/health-services-health-service-establishments-regulations-2013/005>

#### **VIC References:**

Health Complaints – Health Complaints Commissioner <https://hcc.vic.gov.au/>

VIC Medical Board. <https://www.medicalboard.gov.au/About/State-and-Territory-Medical-Board-Members/The-Victorian-Board-of-the-Medical-Board-of-Australia.aspx>

Safer Care Victoria - Credentialling and scope of clinical practice for senior medical practitioners policy  
[Safe Care Victoria - Credentialing and Scope of Clinical Practice](#)

#### **Professional Colleges:**

Australian and New Zealand College of Anaesthetists, PS2, Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia, 2020

[https://www.anzca.edu.au/getattachment/93a9e675-8e55-4bbe-a274-3197108173e0/PS02\(A\)-Position-statement-on-credentialling-and-defining-the-scope-of-clinical-practice-in-anaesthesia-\(PS02\)](https://www.anzca.edu.au/getattachment/93a9e675-8e55-4bbe-a274-3197108173e0/PS02(A)-Position-statement-on-credentialling-and-defining-the-scope-of-clinical-practice-in-anaesthesia-(PS02))

Australian Society of Anaesthetists ASA-PS07 Accreditations of Anaesthetists by Healthcare Facilities.  
<https://asa.org.au/policy-2/position-statements/>

Royal Australasian College of Surgeons, FES\_PST\_2026\_P, Surgical Assistants, 2015

Royal Australasian College of Surgeons, Surgical Competence and Performance, June 2008

The Royal Australian College of Obstetricians and Gynaecologists, C-Trg 2 Guidelines for performing advanced operative laparoscopy, July 2019

The Royal Australian College of Obstetricians and Gynaecologists, WPI 17 Guidelines for the appointment of Obstetricians and Gynaecologists to Specialist positions in Australia and New Zealand, March 2018