



Medical By-Laws 2017

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FOREWORD

These By-Laws incorporate operational processes relevant to Delmont Private Hospital.

They provide for input from Accredited Practitioners through the Medical Community and Medical Advisory Board of the Hospital as well as through appropriate other committees.

Appropriate tests for Medical Appointment are also included in the By-Laws.

It is pertinent to note that all participants in the Medical Advisory Board and in related medical appointment and Hospital processes need to follow the processes contained within the By-Laws.

The By-Laws also have annexures that have been developed to ensure consistency on appointment processes at the Hospital and to provide appropriate guidance for the Hospital, Medical Advisory Board and the Clinical Privileges Advisory Committee in considering medical appointments.

Private hospitals and medical practitioners are subject to the processes and requirements of the *Trade Practices Act 1974* and competition law. Appropriate attention to the processes contained in the By-Laws will assist all involved in satisfying their legal requirements under the *Trade Practices Act 1974* and competition law.

DELMONT HOSPITAL BY-LAWS

PART A

INTERPRETATION AND GENERAL PROVISIONS

1. INTERPRETATION

1.1 Definitions

In these By-Laws, unless the context otherwise requires:

Accredited Practitioner means a Medical Practitioner appointed by the Hospital and granted Clinical Privileges. Appointment as an Accredited Practitioner under these By-Laws is a prerequisite to practice at the Hospital.

Act means the *Health Services Act 1988* (Vic) including any regulations thereto.

By-Laws means these By-Laws.

Clinical Department means a department of Accredited Practitioners established under these By-Laws.

Clinical Privileges means the specific medical services or procedures permitted to be undertaken by Accredited Practitioners.

Clinical Privileges Advisory Committee means the committee established pursuant to these By-Laws to provide advice on Clinical Privileges for applicants as Accredited Practitioner and related matters.

Consultant means a Specialist Practitioner appointed to the Hospital as a consultant, who must be registered as a Specialist with Medicare.

Current Fitness is the current fitness required of an applicant or Accredited Practitioner to carry out the clinical privileges 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 the person's physical or mental capacity to practice medicine and carry out the Clinical Privileges sought or granted. Habitual drunkenness or addiction to deleterious drugs is considered to be a physical or mental disorder which if in place would warrant an assessment of current fitness.

Chief Executive Officer or CEO means the person appointed as the senior executive in the Hospital by the Governing Body and in the absence of that person shall include the person appointed to act in that position for the time being.

Department of Human Services means the Department of Human Services Victoria.

Director of Nursing means the person appointed by the Governing Body to that position and in the absence of that person the person appointed to act in that position for the time being.

Electroconvulsive Therapy or ECT has the same meaning as in the *Mental Health Act 2014* (Vic).

Executive Staff means executive staff appointed in accordance with By-Law 5.

General Practitioner means a Medical Practitioner appointed or employed at the Hospital as a general practitioner, to have membership of The College of Practitioners or registered with AHPRA.

Governing Body means the governing body of the Hospital. Includes Hospital Directors, CEO (non-voting) and DON (non-voting).

Hospital means Delmont Private Hospital.

Medical Advisory Board means the Medical Advisory Board established under these By- Laws.

Medical Community means the Accredited Practitioners who have been granted Clinical Privileges to admit or attend patients in the Hospital, constituted in accordance with these By-Laws.

Medical Application Form means the medical application form approved by the Hospital from time to time for use by a Medical Practitioner to apply for Clinical Privileges at the Hospital.

Medical Executive means the chairperson and deputy chairperson/ secretary of the Medical Community.

Medical Practitioner has the same meaning as "registered medical practitioner" in the *Medical Practice Act 1994* (Vic).

Mental Health Act means the *Mental Health Act 2014* (Vic) including any regulations thereto.

Registrar means a Medical Practitioner InTraining, employed by the Hospital under these By-Laws. The Hospital may offer registrar appointments for rotations in the areas of Substance Use & Addiction, General Psychiatry, Aged Psychiatry and Day Programs.

Regulation means a regulation made under the Act.

Specialist Practitioner means a Medical Practitioner who has been recognised as a specialist in their nominated category, for the purpose of the *Health Insurance Act 1973* (Commonwealth).

Specialist Medical Practitioner means a Specialist Practitioner appointed to and employed by the Hospital.

1.2 General

(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 that a rule is not intended to apply.

- i. A reference to legislation (including subordinate legislation) is to that legislation as amended, re-enacted or replaced, and includes any subordinate legislation issued under it.
- 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 singular word includes the plural, and vice versa.
- iv. A word which suggests one gender includes the other gender.

- v. If a word is defined, another part of speech has a corresponding meaning.
- vi. 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.

(b) Titles

In these By-Laws where there is 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/Meetings

Where a reference is made to a meeting of the Medical Advisory Board (MAB) with the exception of the Medical Community, the following quorum requirements shall apply:

- (i) Where there is one half of the number of the members plus one of the MAB attending the meeting. A decision may be made by a committee or group established pursuant to these By-Laws (except that established by By-Law 21) without a meeting if a consent in writing setting forth such a decision is signed by all the committee or group members, as the case may be. 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. The requirements of these By-Laws shall nonetheless apply to such a meeting. 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 purposes which such information is made available.

(d) Voting

Where required by these By-Laws, voting shall be on a simple majority voting basis and only by those in attendance at the meeting. There shall be no proxy vote.

2. GOVERNING BODY

The Governing Body is empowered to make By-Laws, rules, and policies for the operation of the Hospital as it may deem necessary from time to time.

3. CEO

The Governing Body shall appoint the Chief Executive Officer of the Hospital.

The CEO shall:

- a) Be the senior officer of the Hospital to whom all staff, through their respective department head, shall be responsible;
- b) Be the spokesperson and channel for all communications to and from the Hospital subject to the media policy of the Hospital as varied from time to time;
- c) Advise the Governing Body on matters relating to the purchase of major equipment;
- d) Be responsible for the management and patient care of the Hospital, its facilities, staff and resources, to acceptable standards in accordance with the policies and directives of the Governing Body;
- e) Ensure due observance of the Act, all other statutes, Department of Human Services instructions and determinations, these By-Laws and all other legal requirements.

4. DIRECTOR OF NURSING

The Governing Body or delegate must appoint a Director of Nursing on such terms and conditions as are consistent with statutory requirements.

The Director of Nursing shall be responsible to the CEO:

- a) For ensuring that suitable standards are maintained to provide a satisfactory and safe environment for both patients and staff;
- b) For advice on matters of nursing and relevant clinical policies;
- c) For ensuring that nursing staff are provided at a level that will ensure a safe and optimum level of patient care;
- d) For ensuring compliance with relevant statutory requirements;
- e) As required, for co-operating in the planning of additional facilities and services; and
- f) By ensuring availability at all times, either personally or by delegation of authority, to meet any emergency or contingency that may arise.

5. EXECUTIVE STAFF

The Governing Body or delegate may appoint any other executive staff members as deemed appropriate for the Hospital including determining the role of such an appointment.

6. HOSPITAL COMMITTEES

With the exception of the Medical Advisory Board, the Governing Body may establish committees to assist in the management and operations of the Hospital.

The Governing Body shall:

- a) Determine the membership of a committee;
- b) Determine the terms of reference of a committee;
- c) Determine rights of attendance at a committee;
- d) Determine committee voting;
- e) Determine minimum meeting requirements; and
- f) Determine other matters pertaining to the appropriate operation or reporting of the committee

PART B

APPOINTMENT OF ACCREDITED PRACTITIONERS

7. CATEGORIES OF ACCREDITED PRACTITIONERS

Each person appointed as an Accredited Practitioner to the Hospital shall be appointed to one or more of the following categories:

(a) **Consultant**

- (i) Psychiatrist: Full Accreditation including ECT.
Mandatory participation with the Hospital On-Call Roster
- (ii) Psychiatrist: Full Accreditation excluding ECT
Mandatory participation with the Hospital On-Call Roster
- (iii) Psychiatrist: (Admitting rights to Day Programs only)
Participation with the Hospital On-Call Roster is not applicable

(b) **Consultant Anaesthetist**

- (i) ECT Accreditation delivering ECT
Participation with the Hospital On-Call Roster is not applicable

(c) **Consultant (Non-Psychiatrist)**

- (i) Full Accreditation excluding ECT
Participation with the Hospital On-Call Roster is not applicable

(d) **General Practitioner**

- (i) General Practitioner (Addiction Medicine with admitting rights)
Participation with the Hospital On-Call Roster is not applicable
- (ii) General Practitioner (no admitting rights) or
Participation with the Hospital On-Call Roster is not applicable

(e) **Hospital Registrars**

Hospital Registrars shall not have admitting rights to the Hospital or membership of the Medical Community.

8. TERM OF APPOINTMENT OF ACCREDITED PRACTITIONERS

All appointments to a position of Accredited Practitioner shall be for a period of up to three years except that an initial appointment shall be until the end of the current common appointment period.

9. APPLICATION FOR CLINICAL PRIVILEGES FORM

The CEO shall provide each practitioner seeking appointment, with an *Application For Clinical Privileges* form that a practitioner must submit when seeking appointment as an Accredited Practitioner. The CEO must make available a copy of the relevant By-Laws to the Accredited Practitioner.

10. CONFIDENTIALITY

The proceedings involved in granting appointment and clinical privileges to an Accredited Practitioner are confidential and not to be disclosed outside the Medical Advisory Board (MAB). The Executive Office is responsible for these functions in accordance with these By-Laws. Such confidentiality provisions shall also apply to any confidential information and to any committee or sub-committee of the Hospital.

11. PROCESS OF APPLICATION FOR CLINICAL PRIVILEGES AND/OR APPOINTMENT

A practitioner seeking appointment or re-appointment as an Accredited Practitioner shall complete an "*Application for Clinical Privileges*" form and submit such form to the CEO.

12. CONSIDERATION OF APPLICATION FOR CLINICAL PRIVILEGES FORM

Following receipt of a completed Medical Application Form:

- (a) The CEO shall refer a duly completed *Application for Medical Privileges Form*, including three written references, to the Clinical Privileges Advisory Committee.
- (b) The Clinical Privileges Advisory Committee shall review the application and satisfy itself as to the training, experience, competence, judgement, professional capabilities and knowledge, current fitness, character and

confidence held in the applicant and make recommendations as to the delineation of clinical privileges to the Medical Advisory Board.

- (c) The Medical Advisory Board shall review the recommendation of the Clinical Privileges Advisory Committee and satisfy itself as to the training, experience, confidence, judgement, professional capabilities and knowledge, current fitness, character and confidence held in the applicant and make recommendations in respect to the application to the Governing Body.
- (d) The Governing Body shall make a final determination as to the application.

13. NOTIFICATION OF DECISION

Within fourteen days of arriving at its decision, the Governing Body shall communicate its decision to the CEO who shall notify the applicant in writing of the decision within seven days.

14. PROVISIONAL APPOINTMENT

The CEO may approve provisional appointments as an Accredited Practitioner (after referral to the chairperson of the Clinical Privileges Advisory Committee and/or the chairperson of the Medical Advisory Board and/or chairperson of the appropriate Clinical Department, if established) and may grant Clinical Privileges to such provisionally appointed Accredited Practitioners. Clinical Privileges granted under this By-Law shall remain in force until the determination by the Governing Body following the next meeting of the Governing Body or for a period not exceeding three months. Such provisionally appointed Accredited Practitioners are to undertake the usual standard credentialing process within three months of being granted provisional credentials.

15. LOCUM APPOINTMENT

Should an Accredited Practitioner wish to appoint a locum tenens to cover a period of absence, they shall advise the CEO in adequate time to enable consideration of the appointment of that practitioner as a locum tenens and such appointment may be on a temporary basis for up to 3 months. Such appointment shall only be made by the CEO following consultation with the chairperson of the Clinical Privileges Advisory Committee and/or chairperson of the appropriate Clinical Department and shall always be subject to By-Laws 16,

17 and 19 and any other conditions considered appropriate by the CEO from time to time. Should an Accredited Practitioner wish to take a period of absence from their appointment they shall advise the CEO of such proposed absence with adequate notice.

16. TERMS AND CONDITIONS OF APPOINTMENT

Appointment of an Accredited Practitioner shall be conditional on the practitioner:

- (a) Complying with the provisions of applicable legislation and general law, and with the By-Laws, rules and policies and procedures of the Hospital;
- (b) Attending patients subject to the limits of any conditions imposed by the Governing Body;
- (c) Taking all reasonable steps to ensure that adequate Hospital medical records are legible and maintained for all patients under their care in accordance with statutory requirements and the Australian Council on Healthcare Standards requirements and any other data reasonably required by the Hospital;
- (d) Observing all reasonable requests made by the Hospital with regard to personal conduct in the Hospital and with regard to the provision of services within the Hospital;
- (e) Adhering to the generally accepted ethics of professional practice both in relation to colleagues and to patients under his/her care;
- (f) Observing the general conditions of clinical practice applicable to the Hospital;
- (g) Maintaining an adequate level of professional indemnity membership covering Clinical Privileges granted;
- (h) Furnishing annually to the Hospital documentary evidence of:
 - (i) Adequate professional indemnity insurance or membership of a medical defense organisation;
 - (ii) Medical registration with AHPRA and;

- (iii) Acknowledgement of attainment of the continuing medical education requirements of their respective college or professional association;
 - (iv) On-going registration as specified
- (i) Advising the Hospital should:
- (i) An adverse finding be made against him/her by the Medical Board;
 - (ii) His/her professional registration be revoked or amended;
 - (iii) Professional indemnity insurance or membership of a medical defense organisation be made conditional or not be renewed; or
 - (iv) His or her appointment at any other hospital or day procedure center be adversely altered in any way.
- (j) Participating in any clinical quality assurance program approved by the Medical Advisory Board;
- (k) Adhering to the rules of medical practice established by the Hospital from time to time;
- (l) Participating in formal on call arrangements as required by the Hospital Governing Body following consultation with the Medical Advisory Board; for Psychiatrists with Full Accreditation only;
- (m) Advising the Hospital if they are charged with having committed or are convicted of a sex or violence offence and providing authority to the Hospital to conduct a criminal history check with the appropriate authorities at any time;
- (n) Not representing in any way that they represent the Hospital, or the Hospital in any circumstances, including the use of Hospital letterhead, unless with the express written permission of the CEO;
- (o) Being available, or deputising an appropriately qualified Accredited Practitioner for emergency call to the Accredited Practitioner's patients;
- (p) Seeking the approval of the Medical Advisory Board in regard to any professionally recognised new or amended treatment, use of technology

- or procedure and providing to the Medical Advisory Board evidence of the professional recognition of the new or amended treatment, use of technology or procedure;
- (q) Meeting all reasonable requests to participate in the education and training of medical and other professional nursing and technical staff of the Hospital and, in the education and training of students attending the Hospital including facilitating the availability of patients for clinical teaching subject to:
 - (i) Any contrary instructions by either the treating practitioner; or
 - (ii) The nursing unit manager; and
 - (iii) Informed consent being given by the patient;
 - (r) Regularly attend and when reasonably so required participate in such pertinent clinical meetings, seminars, lectures and other training programs as may be organised and held at the Hospital;
 - (s) Attending to patients in person with reasonable frequency i.e., within the first twenty-four hours of admission to Hospital and every two to three days thereafter, as appropriate to the patient's clinical condition;
 - (t) Ensuring that the prescription and administration of all medication and drugs complies with applicable State and Commonwealth legislation;
 - (u) Complying with any statutory regimes as required by any working with children legislation or legislation with similar objectives applicable to medical practitioners;
 - (v) Participating in reasonable Hospital administrative practices in a timely manner, to enable the Hospital to collect revenues from appropriate sources, for care given; and
 - (w) For Accredited Specialists who are Anaesthetists, compliance with the standards of the appropriate Body.

17. APPEAL RIGHTS

- (a) There shall be no right of appeal against a decision not to make an initial appointment
- (b) Should an applicant holding a current appointment have that appointment rejected either in whole or in part or varied by the Governing Body, the applicant shall have the rights of appeal set out within these By-Laws at By-Law 21.

18. AMENDMENT OF PRIVILEGES

- (a) Any Accredited Practitioner, at any time, may make application in writing for amendment of his/her Clinical Privileges.
- (b) The CEO shall cause any such application to be forwarded to the Clinical Privileges Advisory Committee.
- (c) The Medical Advisory Board shall give such application appropriate consideration and make a recommendation to the Medical Advisory Board as to the amendments sought.
- (d) The Medical Advisory Board shall give such application appropriate consideration and make a recommendation to the Governing Body as to the amendments sought.
- (e) The Governing Body shall then consider the relevant recommendations concerning the application and, on reaching its decision, it shall within fourteen days, communicate its decision to the CEO who shall in turn advise the Accredited Practitioner of such decision within 7 days.

19. REVIEW OF CLINICAL PRIVILEGES

The Governing Body may:

- (a) At any time, direct the Medical Advisory Board through the CEO, to review the Clinical Privileges previously granted to an Accredited Practitioner including an assessment if necessary of Current Fitness and confidence held in such an appointee and following such review, the CEO considering the advice of the Medical Advisory Board, shall make a recommendation to the Governing Body concerning the continuation, amendment, suspension or revocation of those Clinical Privileges; or

- (b) Require an independent review of the Clinical Privileges, practice or appointment of any Accredited Practitioner. The report of such a review may include an assessment if necessary of Current Fitness and confidence held in such an appointee and such a review may concern the continuation, amendment, suspension or revocation of Clinical Privileges. Such a review process shall result in a recommendation to the Governing Body who shall make a final determination in relation to the matter, subject to the provisions of By-Law 21.

20. SUSPENSION

The CEO may, following consultation with the Chairperson of the Medical Advisory Board, suspend any Accredited Practitioner if the CEO believes:

- (a) It is in the interests of patient care or safety; or
- (b) The conduct of the Accredited Practitioner is such that it is unduly hindering the efficient operation of the Hospital at any time; or
- (c) The conduct of the Accredited Practitioner is bringing the Hospital into disrepute. The CEO shall notify the Accredited Practitioner of his/her decision including reasons why the Clinical Privileges have been suspended or revoked. The affected practitioner shall have the rights of appeal established by By-Laws 21.

21. APPEAL PROCEDURE

- (a) An Accredited Practitioner shall have 14 days from the date of notification of a decision not to re-appoint the practitioner as an Accredited Practitioner or against a decision altering the Clinical Privileges of the Accredited Practitioner to lodge an appeal against the decision. Such an appeal must be in writing.
- (b) The Governing Body shall nominate a Committee (Appeal Committee) to hear the appeal. The Appeal Committee shall comprise:
 - (i) A nominee of the Governing Body;
 - (ii) A nominee of the Medical Advisory Board; and

- (iii) A nominee of the appropriate professional college of the appellant.
- (c) The chairperson of the Appeal Committee shall be the nominee of the Governing Body.
- (d) The appellant shall be provided with appropriate notice by the Appeal Committee and have the opportunity to make a submission to the Appeal Committee.
- (e) The appellant must provide written submissions for the Appeal Committee. The Appeal Committee may determine whether the appellant may make any additional submission in person. Such determination shall be at the sole discretion of the Appeal Committee.
- (f) Neither the appellant nor any party shall have legal representation at any meeting of the Appeal Committee.
- (g) The chairperson of the Appeal Committee shall determine any question of procedure for the Appeal Committee.
- (h) The Appeal Committee shall make a written recommendation to the Governing Body who shall consider such a recommendation and make a decision thereon. The decision of the Governing Body shall be binding.

22. TERMINATION OF APPOINTMENT

- (a) An appointment shall be immediately terminated should an Accredited Practitioner cease to be registered by AHPRA.
- (b) An appointment may be terminated should an Accredited Practitioner become permanently incapable of performing his/her duties which shall for the purposes of these By-Laws be a continuous period of 6 months incapacity.
- (c) An appointment shall be terminated should the Accredited Practitioner not be regarded by the Governing Body as having the appropriate Current Fitness to retain the Clinical Privileges granted or the Governing Body does not have confidence in the continued appointment of the Accredited Practitioner. The affected Accredited Practitioner shall have the rights of appeal contained in By-Law 21.

- (d) The appointment of an Accredited Practitioner may at any time be suspended or terminated by the Governing Body where:
 - (i) The Accredited Practitioner fails to observe the terms and conditions of his/her appointment; or
 - (ii) The Accredited Practitioner is adjudged guilty of professional misconduct or unprofessional conduct (however described) by the Medical Board; or
 - (iii) An independent review has been conducted of the Accredited Practitioner[®] pursuant to By-Law 19(b) and following review of any such report of that review the Governing Body does not have confidence in the continued appointment of the Accredited Practitioner.
- (e) The appointment of an Accredited Practitioner shall be terminated as otherwise provided in these By-Laws.
- (f) An Accredited Practitioner may resign his/her appointment after the expiry of one month after the giving of notice to the Hospital, unless agreed otherwise by the Governing Body.
- (g) The Governing Body may suspend or terminate an appointment of an Accredited Practitioner should that practitioner be convicted of a sex or violence offence or any offence in relation to the Accredited Practitioner's practice as a Medical Practitioner.

PART C

MEDICAL COMMUNITY, MEDICAL ADVISORY BOARD

23. MEDICAL COMMUNITY

- (a) All Accredited Practitioners appointed to the Hospital, will have voting privileges at the Medical Advisory Board Annual General Meeting, except those appointed as Psychiatric Registrars.
- (b) The objectives of the Medical Community shall be:
 - (i) To provide a forum for communication between the Governing Body, Hospital and Accredited Practitioners, to facilitate the safe provision of patient medical services;
 - (ii) To elect a chairperson and deputy chairperson's secretary (Chair Emeritus) to act on behalf of the Accredited Practitioners between normal meetings of the Medical Community;
 - (iii) To elect or endorse the nominated medical members of the Medical Advisory Board; and
 - (iv) To elect or endorse the medical members to the Hospital committees requiring medical membership.
- (c) The Medical Community may recommend to the CEO to establish clinical departments of Accredited Practitioners (clinical departments) to facilitate its objectives should it deem appropriate. Such clinical departments shall, however, meet as a minimum, the meeting requirements of the Medical Advisory Board as established in these By-Laws. Each clinical department shall provide a report of minutes of its meetings to the Medical Advisory Board.

24. MEETINGS OF MEDICAL COMMUNITY

- (a) The Medical Community shall hold an annual general meeting each year. In accordance with these By-Laws the Medical Community shall appoint from amongst its members a Medical Advisory Board which shall comprise at least 10 but no more than 20 Accredited Practitioners;

- (b) Only active members of the Medical Community shall be eligible to vote and stand for office for either the Medical Advisory Board or any office bearer or committee position. An active member of the Medical Community means an Accredited Practitioner (other than a Medical Officer or Psychiatric Registrar) who admits patients to the Hospital on a regular basis as determined by the CEO
- (c) The Medical Community shall also elect at such general meeting the chairperson and deputy chairperson/secretary who shall hold office until the next succeeding annual meeting. Should a vacancy occur in the position of chairperson or deputy chairperson/secretary it shall be filled by an Accredited Practitioner elected by the Medical Advisory Board from amongst the members of the Medical Advisory Board until the next meeting of the Medical Community, at which a replacement shall be elected.
- (d) No office bearer of the Medical Community nor any of its members shall represent in any way that they represent the Hospital in any circumstances unless with the express written permission of the CEO. Hospital letterhead shall only be used for official purposes and not for any other purposes.

25. CHAIRPERSON OF THE MEDICAL COMMUNITY

- (a) No person shall hold office as the chairperson of the Medical Community for a period exceeding four consecutive years, unless expressly approved in writing by the Governing Body. This limitation applies to any person holding the office at the time of the commencement of these By Laws.
- (b) It shall be the duty of the chairperson of the Medical Community to also act as chairperson of the Medical Advisory Board so as to:
 - (i) Provide for effective communication and representation of the opinions, policies, reports, concerns and needs of the Accredited Practitioners to the Governing Body
 - (ii) Preside at, and be responsible for, the agenda of all meetings of the Medical Community and Medical Advisory Board; and
 - (iii) Facilitate the Medical Advisory Board reviewing and ratifying medical practice, policies or rules of the Hospital as they affect Accredited Practitioners.

- (v) Represent the interests of the Medical Community at scheduled Governing Body meetings.

26. DEPUTY CHAIRPERSON/SECRETARY OF MEDICAL COMMUNITY

- (a) No person shall hold office as the deputy chairperson/secretary of the Medical Community for a period exceeding four consecutive years, unless expressly approved in writing by the Governing Body. This limitation applies to any persons holding the office at the time of the commencement of these By-Laws.
- (b) It shall be the duty of the deputy chairperson/secretary to act as secretary of the Medical Advisory Board in conjunction with the CEO or delegate of the CEO and to:
 - (i) Arrange the giving of notice of all meetings of the Medical Community to all those entitled to attend such meetings;
 - (ii) Arrange the preparation and circulation of accurate and complete minutes of all meetings of the Medical Community to other Accredited Practitioners and to the Governing Body;
 - (iii) Arrange the preparation and circulation of accurate and complete minutes of the Medical Advisory Board to all those entitled to attend such meetings and the Governing Body; and
 - (vi) Perform such other duties as may be assigned to him or her by the Medical Community and the Medical Advisory Board as the case may be.

27. MEETINGS OF THE MEDICAL COMMUNITY - ORDINARY MEETINGS

- (a) Ordinary meetings of the Medical Community shall be held at least twice per year. The meetings shall be held at a time and place to be determined by the Medical Advisory Board in conjunction with the CEO provided that at least 28 days written notice of the meeting is given to members of the Medical Community specifying the business to be transacted.

- (b) 10 Consultant Psychiatrists who are active members of the Medical Community present in person at an ordinary meeting shall constitute a quorum for all purposes.
- (c) A special meeting of the Medical Community may be called by the chairperson of the Medical Community subject to the approval by the CEO.
- (d) At least 28 days' notice of a special meeting shall be given in writing by the deputy chairperson/secretary of the Medical Community to all members of the Medical Community entitled to attend such a meeting.

28. TIMING OF ANNUAL GENERAL MEETING

Annual General Meetings of the Medical Community shall be held once in every calendar year and not more than 15 months after the preceding Annual General Meeting.

29. NOTICE OF ANNUAL GENERAL MEETING

Written notice of the Annual General Meeting of the Medical Community, together with a copy of the agenda for that meeting, shall be given by the deputy chairperson/secretary of the Medical Community not less than 28 days prior to the date of the meeting.

30. PROCEEDINGS AT ANNUAL GENERAL MEETING

- (a) Entitlement to vote at meetings of the Medical Community is given, under the By-Laws, only to those accredited by the Governing Body as Accredited Practitioners (except those appointed as Medical Officers or Psychiatric Registrars) who are in attendance at a meeting of the Medical Community and satisfying the requirements of By-Law 24(b). There shall be no proxy vote.
- (b) All questions may be decided by a show of hands, or where demanded, by a member entitled to vote, a ballot and the chairperson of the Medical Community shall have a casting vote.
- (c) Minutes of all meetings of the Medical Community shall be recorded by the deputy chairperson/secretary of the Medical Community, or in his/her absence, by some other person appointed to do so.

- (d) Minutes shall be distributed to all those entitled to attend meetings of the Medical Community prior to the next meeting.
- (e) No business shall be considered at a meeting of the Medical Community until the minutes of the previous meeting have been confirmed or otherwise disposed of.

Minutes of a meeting shall be confirmed by resolution and signed by the chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat.

31. MEDICAL ADVISORY BOARD

The Medical Advisory Board shall comprise in addition to those members appointed pursuant to By-Law 26 the CEO and Director of Nursing. The CEO and Director of Nursing shall not have a voting right.

32. RESIGNATION FROM MEMBERSHIP OF MEDICAL ADVISORY BOARD

Any member of the Medical Advisory Board may resign from such membership by giving at least one month's notice in writing of their intention to resign such appointment to the CEO.

33. POWER OF CO-OPT

The Medical Advisory Board may co-opt the services of any other person should it consider this necessary however that person or persons shall have no voting rights at any meeting of the Medical Advisory Board or any sub-committee thereof.

34. ROLE OF MEDICAL ADVISORY BOARD

The Medical Advisory Board shall be advisory to the CEO and the Governing Body;

- (a) Be the formal organisational structure through which the views of the Accredited Practitioners of the Hospital shall be formulated and communicated;
- (b) Provide a means whereby Accredited Practitioners can participate in the policy making and planning processes of the Hospital;

- (c) Plan and manage a continuing education program for members of the Medical Community or junior medical staff where appropriate;
- (d) Advise the Governing Body via the CEO of appropriate policies regarding the clinical organisation of the Hospital;
- (e) Assist in identifying health needs of the community and advise the Governing Body on appropriate services which may be required to meet these needs;
- (f) Participate in the planning, development and implementation of quality programs of the Hospital;
- (g) Primarily ensure that the delivery of medical care in the Hospital is maintained at an optimal level of quality and efficiency given the resources locally available;
- (h) Ensure that a formal mechanism for review of clinical outcomes and management is established and perform such a function in accordance with the requirements of these By-Laws;
- (i) Consider applications for appointment and re-appointment to the Accredited Practitioners of the Hospital and give due consideration to the training, experience, competence, judgement, professional capabilities and knowledge, current fitness, character and confidence held in any applicant for Accredited Practitioner and make recommendations thereon to the Governing Body;
- (j) Review the recommendations of the Medical Advisory Board for the delineation, kind and extent of Clinical Privileges that should be granted to the applicant for appointment or re-appointment as an Accredited Practitioner and make a recommendation thereon to the Governing Body;
- (k) Review the recommendations of the Medical Advisory Board as to applications by an Accredited Practitioner for the amendment of his or her Clinical Privileges and following due consideration make a recommendation thereon to the Governing Body as to the amendments sought;
- (1) Review the recommendations of the Medical Advisory Board in respect of the amendment or revocation of the current Clinical Privileges of an

Accredited Practitioner, where the Governing Body has directed the Medical Advisory Board to examine and investigate such Clinical Privileges, and make a recommendation thereon to the Governing Body;

- (m) Review any professionally recognised new or amended treatment, use of technology or procedure, and other matters which are considered relevant and make a recommendation on the amendment of the clinical privileges of an Accredited Practitioner;
- (n) Ensure that clinical review monitoring and assessment activities are appropriate to the Hospital;
- (o) Ensure the Hospital quality improvement activities satisfy applicable quality assurance statutory requirements;
- (p) Review reports from the clinical departments (where established), on clinical review and quality improvement activities undertaken;
- (q) Review the action taken by the clinical departments (where established), regarding the clinical review and quality assurance activities;
- (r) Develop and maintain an adequate clinical review and quality improvement program in liaison with clinical departments (where established) for an ensuing 12 month period;
- (s) Make recommendations to the CEO or delegate regarding ongoing overall management of clinical review and quality improvement at the Hospital;
- (t) Review the results of the clinical indicator program and take the appropriate action in respect of these results; and
- (u) Review unplanned transfers in and out of the Hospital, in and out of special care units, adverse events and deaths.

35. MEETINGS OF MEDICAL ADVISORY BOARD

- (a) Ordinary meetings of the Medical Advisory Board shall be held at least once every month at a time and place to be determined by the chairperson in consultation with the CEO provided that at least 14 days notice shall be given of every ordinary meeting.

- (b) A special meeting of the Medical Advisory Board may be called by the CEO or chairperson of the Medical Advisory Board subject to the approval of the CEO.
- (c) At least 7 days notice of a special meeting shall be given by the deputy chairperson/secretary of the Medical Advisory Board to all members of the Medical Advisory Board entitled to attend such a meeting.
- (d) Notice of a special meeting shall specify the business to be considered and no business of which such notice has not been given shall be considered at such a meeting.
- (e) Should there be an emergency situation at any time in which it is necessary to obtain the advice of the Medical Advisory Board the CEO in consultation as necessary with the Medical Executive shall be empowered to undertake such appropriate action for later consideration by the Medical Advisory Board.
- (f) No office bearer of the Medical Advisory Board nor any of its members or subcommittees shall represent in any way that they represent the Hospital in any' circumstances unless with the express written permission of the CEO. Hospital letterhead shall only be used for official purposes and not for any other purposes.

36. PROCEEDINGS OF MEDICAL ADVISORY BOARD

- (a) Entitlement to vote at meetings of the Medical Advisory Board is given under these By-Laws to the Accredited Practitioner members of the Medical Advisory Committee.
- (b) All questions, excepting as otherwise provided in these By-Laws, shall be decided by a show of hands, or where demanded by a member entitled to vote, a ballot and the chairperson of the Medical Advisory Board shall have a casting vote.
- (c) Minutes of all meetings of the Medical Advisory Board shall be recorded by the CEO or delegate.
- (d) Minutes shall be distributed to all those entitled to attend meetings of the Medical Advisory Board prior to the next meeting.

- (e) No business shall be considered at a meeting of the Medical Advisory Board until the minutes of the previous meeting have been confirmed or otherwise disposed of.
- (f) Minutes of a meeting shall be confirmed by resolution and signed by the chairperson at the next meeting and minutes so confirmed and signed shall be taken as evidence of proceedings thereat.

37. STATUTORY IMMUNITY

The Medical Community may seek approval for statutory immunity under the Act or other legislation as applicable.

38. CLINICAL PRIVILEGES ADVISORY COMMITTEE

The Clinical Privileges Advisory Committee shall comprise:

- (a) At least 2 Accredited Practitioners, including the chairperson of the Medical Advisory Board and at least one Accredited Practitioner from each relevant clinical department (if established); and
- (b) The Committee can be a rotational Committee of members of the Medical Advisory Board
- (c) The Chief Executive Officer and Director of Nursing, ex-officio neither of whom shall have voting rights.

The Committee may co-opt any person to advise on any relevant application in an ex-officio capacity and such person shall have no voting rights.

39. CHAIRPERSON OF THE CLINICAL PRIVILEGES ADVISORY COMMITTEE

The chairperson of the Committee shall be The Chair of the Medical Advisory Board elected for an annual term from amongst the Accredited Practitioners.

40. ROLE OF THE CLINICAL PRIVILEGES ADVISORY COMMITTEE

The Clinical Privileges Advisory Committee shall make recommendations to the Medical Advisory Board for consideration for recommendation to the Governing Body.

41. DUTIES OF THE CLINICAL PRIVILEGES ADVISORY COMMITTEE

- (a) Develop criteria, plan and manage a program for the delineation of clinical privileges;
- (b) Consider applications for appointment and re-appointment as Accredited Practitioners of the Hospital and give due consideration as appropriate of the current fitness and confidence held in the applicant for Accredited Practitioner and make recommendations thereon to the Medical Advisory Board;
- (c) Recommended delineation of Clinical Privileges commensurate with the training, experience, competence, judgement, current fitness, character and confidence held in the applicant for appointment or re-appointment as an Accredited Practitioner, and at which tier of accreditation.
- (d) Where so directed by the Medical Advisory Board and/or the Governing Body, investigate the demonstrated knowledge and skill, current fitness and confidence held in each applicant for appointment or re-appointment as an Accredited Practitioner. Following such due consideration the Committee shall recommend to the Medical Advisory Board and Governing Body the kind and extent of Clinical Privileges that should be granted to the Accredited Practitioner; and
- (e) Where so directed by the Governing Body, examine and investigate the current Clinical Privileges and Accredited Practitioner and, following due consideration and taking into account the facilities and supporting services available, make a recommendation to the Governing Body concerning the amendment or revocation of those privileges.

PART D

GENERAL PROVISIONS

42. CONFLICT OF INTERESTS

- (a) A member of any Hospital committee or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest, a conflict or potential conflict of interest or a direct or indirect material personal interest:
 - (i) In a matter that has been considered or is about to be considered at a meeting such a member or person shall, subject to By-Law (e) and (f), not participate in the relevant discussion or resolution of any such interest or matter nor shall such a person be eligible to hold any office whilst any such interest exists; or
 - (ii) In a thing being done or about to be done by the Hospital, shall as soon as possible after the relevant facts have come to the person's 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 member, or is in the employment of the 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 which may arise after the date of the disclosure.
- (c) The committee shall cause particulars of any disclosure made under By-Laws 42(a) to be recorded and declared by the member or authorised person in writing on a pecuniary interest/conflict of interest/material interest declaration form.
- (d) The chairperson of the committee shall advise the CEO of any disclosure made pursuant to this By-Law.

- (e) The CEO and chairperson of the committee shall make a determination in relation to the disclosure of an interest pursuant to this By-Law. Such determination may include, but is not limited to, making a determination that the member or person will not participate in the meeting when the matter is being considered or that the member or person will not be present while the matter is being considered at the meeting.
- (f) Subject to By-Law 40(a), for the purposes of this By-Law, the fact that a member of the Medical Advisory Board is a member of a particular discipline shall not be regarded as 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 appointment process of an Accredited Practitioner in the same discipline.

43. RESEARCH OR EXPERIMENTAL TREATMENT

43.1 Research

- (a) Should medical research be planned to be carried out by an Accredited Practitioner in association with another organisation in or at the Hospital such research shall only commence if:
 - (i) It is to be carried out by an Accredited Practitioner with appropriate credentials and clinical privileges granted in accordance with these By-Laws to cover the medical research;
 - (ii) The Accredited Practitioner has submitted details to the CEO for appropriate review and subsequent consideration and approval of the Medical Advisory Board and the Governing Body for review and the approval of both committees has been given and the Governing Body is satisfied that appropriate insurance cover is in place.
- (b) If in addition the proposed medical research may raise ethical issues or the involvement of human subjects, such research shall only commence if a proposal has been referred to and approved by an appropriately constituted ethics committee in accordance with National Health and Medical Research Council Guidelines and such medical research is conducted in accordance with any approvals provided by that committee.

43.2 Experimental or Innovative Treatment or Techniques

- (a) Should experimental or innovative treatment or techniques be planned in or at the Hospital such experimental or innovative treatment or technique shall only commence if:
 - (i) It is to be carried out by an Accredited Practitioner with appropriate credentials and clinical privileges granted in accordance with these By-Laws to cover the experimental or innovative treatment or technique; and
 - (ii) The Accredited Practitioner has submitted details to the Medical Advisory Board and the Governing Body for review and the approval of both committees has been given and the Governing Body is satisfied that appropriate insurance cover is in place.

- (b) If in addition the proposed experimental or innovative treatment or technique may raise ethical issues or the involvement of human subjects, such experimental or innovative treatment or technique shall only commence if a proposal has been submitted to and approved by an appropriately constituted ethics committee in accordance with National Health and Medical Research Council Guidelines and such experimental or innovative treatment or technique is conducted in accordance with any approvals provided by that committee.

44. DISPUTES

Any dispute or difference which may arise as to the meaning or interpretation of these By-Laws or as to the powers of any committee or the validity of proceedings of any meeting, shall be determined by the Governing Body.

45. REVISION

The Governing Body may after due consultation from time to time make, vary or revoke these By-Laws but they shall be reviewed at least every three years after due consultation with the Medical Advisory Board.

PART E

PSYCHIATRIC REGISTRAR

46. EMPLOYMENT

The Hospital may employ a Psychiatric Registrar upon review of a duly completed application and being satisfied of the qualifications, Current fitness and confidence held in the applicant. Registrar credentialing requires a standard interview from the Clinical Privileges Advisory Committee.

47. POSITION

A Psychiatric Registrar has the clinical, educational and administrative responsibilities as set out in these By-Laws and as determined by the Hospital.

48. CLINICAL RESPONSIBILITIES

A Psychiatric Registrar has the following clinical responsibilities:

- (a) Management of patients referred to the Hospital for acute psychiatric conditions, under the supervision of an Accredited Practitioner/s;
- (b) Providing back-up clinical service to the attending Accredited Practitioner/s, including being available to:
 - (i) Review patients;
 - (ii) Implement the orders of the attending Accredited Practitioner;
 - (iii) Write medication sheets;
 - (iv) Administer ECT under supervision; and
 - (v) Other activities required by the attending Accredited Practitioner providing interim management of inpatients by arrangement
- (c) An Accredited Practitioner, when the attending Accredited Practitioner is on leave or otherwise unavailable; has the following clinical responsibilities:

- (d) Participation in patient review meetings on a weekly basis to facilitate communication between the medical staff and clinical team and maximizing the quality of provision of care;
- (e) Undertake weekly case reviews, ward rounds
- (f) Participation in quality assurance and improvement activities, as required;
- (g) Participation in clinical case presentations to the clinical team;
- (h) Participation in patient education sessions to assist in facilitating patient
- (i) Understanding of the medical role in both diagnosis and management of psychiatric illness; and supervision of therapy staff, where required and any other duties that may be deemed reasonable within the scope of the role.

49. EDUCATIONAL RESPONSIBILITIES

A Psychiatric Registrar has the following educational responsibilities:

- (a) Facilitating education sessions with clinical and non-clinical staff of the Hospital to increase understanding of psychiatric conditions and management in accordance with the directions of the CEO.
- (b) Conduct psycho educational groups for inpatients and Delmont Day Programs
- (c) Maintaining the Hospital's mandatory training requirements for individuals on an annual basis

50. ADMINISTRATIVE RESPONSIBILITIES

A Psychiatric Registrar has the following administrative responsibilities:

- (a) Attending, on invitation, meetings of the Medical Community;
- (b) Attending, on invitation, meetings of Hospital committees that require medical representation; and

- (c) Informal liaison and facilitation of communication between the management staff of the Hospital and Accredited Practitioners.

51. TERMS AND CONDITIONS OF APPOINTMENT

All persons employed pursuant to this Part G shall comply with the terms and conditions set out in By-Law 16, to the extent that they are applicable to Psychiatric Registrars.

PART F

ELECTROCONVULSIVE THERAPY (ECT) AND OTHER NEURO-STIMULATION THERAPIES INCLUDING TRANSCRANIAL MAGNETIC STIMULATION (ONSTITMS)

52. INFORMED CONSENT

Electroconvulsive and ONSTITMS may only be performed with the informed consent (within the meaning of the Mental Health Act) of the patient unless otherwise authorised under the Mental Health Act.

53. DIRECTOR OF ECT AND ONSTITMS

The Medical Community must elect from amongst its members a Director of ECT and ONSTITMS.

The Director of ECT and ONSTITMS must make recommendations to the Medical Community with respect to:

- (a) The safe and ethical administration of ECT and ONSTITMS and anaesthesia;
- (b) Quality improvement with respect to ECT treatment, ONSTITMS and anaesthesia in the Hospital;
- (c) Compliance with the Mental Health Act, regulations and any policies or procedures of the Department of Human Services relating to ECT and ONSTITMS in force from time to time;
- (d) Clinical management, Hospital policies and standards for patient care, equipment and medical and nursing procedures with respect to ECT and ONSTITMS;
- (e) The Clinical Privileges of Accredited Practitioners appointed as Anaesthetists, with respect to ECT;
- (f) Ethical issues concerning ECT and ONSTITMS;
- (g) Medical education in relation to ECT and ONSTITMS ; and

- (h) Participation in research and data collection in relation to ECT and ONSTITMS procedures.

54. ECT AND ONSTITMS COMMITTEE

Accredited Practitioners with Clinical Privileges in ECT who are active members of the Medical Community shall constitute an ECT Committee. The ECT Committee shall be chaired by the Director of ECT Services. The ECT Committee shall meet once every 3 months, or as determined by the Medical Advisory Board. The role, responsibilities and procedure of the ECT Committee shall be determined by the Medical Advisory Board.

ANNEXURE - A

CRITERIA FOR EACH ACCREDITATION CATEGORY

Subject to By-Laws (refer to categories of Accredited Practitioners in By-Law)

Category of Appointment	Details
<p>i) Consultant Psychiatrist With Full Accreditation including ECT</p> <p>ii) Consultant Psychiatrist with Full Credentials excluding ECT</p>	<ul style="list-style-type: none"> • Registration under the Medical Practice Act 1994 • Appropriate professional indemnity insurance coverage or equivalent membership of a medical defence organisation • Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 (Cth) as a specialist • May admit and treat patients within the terms of their Clinical Privileges • Responsible for the clinical care of their inpatients. • Participates in continuing education activities of the Hospital • Full member of the Medical Community with admitting rights • Mandatory participation with the Emergency On-Call Roster

<p>iii) Consultant Psychiatrist: Admitting Rights to Day Programs and/or Consulting Suites Accreditation</p>	<ul style="list-style-type: none"> • Registration under the Medical Practice Act 1994 • Appropriate professional indemnity insurance coverage or equivalent membership of a medical defence organisation • Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 (Cth) as a specialist • May admit and treat patients within the terms of their Clinical Privileges • Responsible for the clinical care of their inpatients. • Participates in continuing education activities of the Hospital • Full member of the Medical Community with admitting rights
<p>iv) Consultant Anaesthetist:</p>	<ul style="list-style-type: none"> • Registration under the Medical Practice Act 1994 • Appropriate professional indemnity insurance coverage or equivalent membership of a medical defence organisation • Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 (Cth) as a specialist • May administer anaesthesia

	<p>to ECT patients within the terms of their Clinical Privileges</p> <ul style="list-style-type: none"> • Participates in continuing education activities of the Hospital • Full member of the Medical Community
v) General Practitioner and Hospital Registrars	<ul style="list-style-type: none"> • Shall not have admitting rights to the Hospital or membership of the Medical Community.
vi) Specialist Medical Practitioner (Addiction Medicine)	<ul style="list-style-type: none"> • Registration under the Medical Practice Act 1994 • Appropriate professional indemnity insurance coverage or equivalent membership of a medical defence organisation • FRACGP or equivalent • Postgraduate Diploma in Addiction Medicine (or equivalent); or, in the case of a practitioner appointed to the Hospital prior to commencement of these By-laws, qualifications or demonstrated experience in addiction medicine considered appropriate by the Clinical Privileges Advisory Committee <p>May admit and treat patients within the terms of their Clinical Privileges.</p> <p>Responsible for the clinical care of their inpatients</p> <p>Participates in continuing education activities of the Hospital</p>

ANNEXURE - B

APPLICATION FOR CLINICAL PRIVILEGES



300 Warrigal Road Glen Iris Vic 3146
 PO Box 193 Burwood Victoria, 3125
 Telephone: 9805 7389 Fax: 9889 8696
 Email: asarkady@delmonthospital.com.au

Application for Clinical Privileges

Name:

Office Address:

Home Address:

Telephone:		Telephone:	
Fax:		Mobile:	
Preferred Email:			

Date of Birth	Sex	Citizenship	Prescriber Number
..... / /	M / F		
Please Note Restrictions (if any)			

Person to contact in case of emergency:

Name and Address	Telephone

Proof of Identify:

Please supply a minimum of 2 types of identification from the list below with a minimum of 100 points. Identification must include at least one type of photo identification plus identification that contains the applicant's current residential address and date of birth.

Category	Points	Document Attached Mark "X"	Category	Points	Document Attached Mark "X"
Current passport	70		Boat Licence	40	
Birth Certificate (not extract)	70		Credit Card	25	
Australian Citizenship Certificate	70		Motor Vehicle registration papers	25	
Driver Licence	70		Record of professional Association	25	
Firearms Licence	40		Medicare Card	25	
Total Points This Column			Total Points This Column		

Total I.D. Points: _____

Medical/Postgraduate Qualifications:

<i>Qualifications</i>	<i>University/College</i>	<i>Year or Qualification</i>

Post Medical Experience:

<i>Where</i>	<i>Position held</i>	<i>Period</i>

Present Practice:

<i>Where (main practice)</i>	<i>Position held</i>	<i>Since Date</i>

Other medical interest, e.g. Research, Publications, Administration

<i>State nature of interest</i>	<i>Where obtained/held</i>	<i>Date</i>

Registration:

Are you currently Registered as a Medical practitioner in Victoria?

Yes No

Registration No.

Are you approved by the Commonwealth Department of Health as a Specialist for Medical benefits in your Speciality?

Yes No

State Speciality:

Medical Indemnity Provider: _____ Membership # _____
 Expiry Date:/...../.....

Referees:

Name	Full Postal Address & Email Address	Telephone

Professional Conduct:

Are you currently, or have you at any time within the 3 years, been the subject of any inquiry, or investigation or hearing by any professional, disciplinary or other board regarding your professional conduct?

No

Yes

If "Yes", please state the nature and details of such inquiry, investigation or hearing:

Agreement:

1. I agree the above information is true and correct.
2. I agree to abide by the By-Laws, as amended from time to time, of the Medical Advisory Committee.
3. If approved, Delmont Private Hospital Management Committee will grant me all rights and privileges as accredited visiting medical practitioner in the above stated Speciality in accordance to the By-Laws of the Medical Advisory Committee.
4. I enclose copies of relevant Certificates of Registration.
5. I expect the Hospital will treat all above information as confidential.

Applicant Signature:

Date: ... / ... / ...

***** Check List *****

- *Have you attached a copy of your current medical indemnity insurance details with this application?*
- *Have you attached a passport size colour photograph of yourself with this application?*
- *Have you provided copies of relevant documentation for proof of identify?*
- *Have you signed the Agreement above?*

Please note: All accredited medical practitioners are to arrange cover for their private practices when taking leave and to notify the hospital of these arrangements. The Hospital cannot provide cover for private practices.

ANNEXURE - C

LETTER TO REFEREE WITH REFERENCE CHECK REQUEST FORM

[On Hospital Letter head]

Dear Doctor,

Delmont Private Hospital's Medical By-Laws require written references for Psychiatrists and Doctors who apply for Clinical Privileges.

Dr _____ has put your name forward as a professional referee.

Would you please complete the attached pro-forma and return to my Executive Assistant (name) via email [\(name\)@delmonthospital.com.au](mailto:(name)@delmonthospital.com.au) or post to 300 Warrigal Road, Glen Iris 3146.

Please be assured that all information including your contact details are used solely for the purposes of this reference check and remains confidential.

On behalf of Delmont's Medical Advisory Board, I thank you for contributing to our quality services by participating in this reference check.

Yours sincerely,

Chief Executive Officer
Delmont Private Hospital

**Reference Check: Application for Clinical Privileges at Delmont Private Hospital
(Please fill in the blank areas below)**

Applicant Name: Dr _____

Referee Name: _____

Referee Contact Details: BH: _____ Mobile: _____

Referee Email Address: _____

1. Approximately how long have you known the applicant and in what capacity?
2. When was your most recent professional contact with the applicant?
3. How would you rate the applicant's overall clinical skills, experience and knowledge base?
4. Are you aware of what steps the applicant has taken to stay abreast of new developments in the field of professional practice? If yes, please provide details.
5. Are you aware whether the applicant regularly participates in quality improvement in the clinical environment? If yes, please provide details.
6. Are you aware of any complaints, disciplinary or legal action against the applicant? If yes, please provide details.
7. How would you describe the applicant's communication and collaboration skills with patients, relatives, colleagues and other health professionals?
8. In your opinion, does the applicant have the ability to function and conduct themselves in a professional manner as a Consultant Psychiatrist/Anaesthetist representing Delmont Private Hospital?
9. Are you aware of any impairment that detrimentally affects or is likely to affect the applicant's capacity to practice?

Signed: _____

Date:/...../.....

Print Name: _____

Reference checked:/...../.....

Reference Checked By: _____

Please be assured that all information including your contact details are used solely for the purposes of this reference check and remains confidential.

**ANNEXURE - D
LETTER OF REJECTION TO APPLICANT FOR INITIAL
APPOINTMENT**

[On Hospital Letter head]

Date

Dear Dr [_____]

I refer to your application for accreditation to the Hospital dated [date of application].

Following careful consideration of your application in accordance with the By-Laws of the Hospital, I am writing to inform you that your application for initial appointment to the Hospital has not been successful.

Thank you for your interest in the Hospital.

Yours sincerely

**Chief Executive Officer
Delmont Private Hospital**

ANNEXURE – E

LETTER OF INITIAL APPOINTMENT FOR CONSULTANT LOCATED AT DELMONT CONSULTING SUITES

[On Hospital Letter head]

Dear Dr [_____]

RE: APPLICATION FOR CLINICAL PRIVILEGES

I am pleased to advise that your recent application for clinical privileges with the hospital has been successful.

On behalf of the Management, Medical Staff and the Hospital, we welcome to Delmont Private Hospital.

Please find enclosed two copies of our Medical By-Laws for your signature. Please return one signed set to our office in the enclosed envelope.

Your name will be added to our mailing list so that you will receive notices of meetings and invitations functions and to education sessions.

Would you please provide a summary (approx. 100 words more or less is fine) of your professional background, experience, associations and interests, so we can include this information for marketing purposes such as Delmont website and newsletters. Please send to the attention of my EA (name) via email (name)@delmonthospital.com.au.

Our Consulting Suite Manager (name) will be in touch with you to make all necessary arrangements in preparation for your commencement at Delmont.

If I can be of any assistance to you during this period of orientation please call me directly on tel: 9805 7380 or internally on extension 3389.

Yours sincerely,

Peter Selar

Chief Executive Officer
Delmont Private Hospital