UnitingCare Health

By-Laws for Medical, Dental & Allied Health Professionals

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1 PREFACE

UnitingCare Health is part of UnitingCare Queensland which operates as the health and community service provider of the Uniting Church in Australia in the State of Queensland.

UnitingCare Health is a service group established and constituted by the UnitingCare Queensland Board to deliver health care and related services in Queensland.

UnitingCare Health hospitals include:

- The Wesley Hospital
- St Andrew's War Memorial Hospital
- St Stephen's Hospitals – Maryborough and Hervey Bay
- The Sunshine Coast Private Hospital

The Uniting Church in Australia ('the Church') formally came into existence on 22 June 1977 and represents the coming together of the former Congregational, Methodist and Presbyterian churches. In the process of coming together, the participating denominations prepared a document entitled "The Basis of Union" which represents the foundational statements of theology and beliefs and the broad structural parameters for the Church's operation.

The Uniting Church in Australia Act 1977 ('the Act') gives legal recognition to the Church. The Act recognises The Basis of Union and the inauguration of the Church. The Act also establishes the Uniting Church in Australia Property Trust (Q.).

The Synod of the Uniting Church in Queensland has established the UnitingCare Queensland Board which is commissioned and empowered by the Synod to be responsible for the Church's involvement in health and community services in Queensland.

The Board is responsible for the overall stewardship, strategic direction, governance and performance of UnitingCare Queensland and its network of agencies and services, including UnitingCare Health.

The UnitingCare Queensland Board has approved these By-Laws for Medical, Dental and Allied Health Professionals and the delegations as detailed within these By-Laws.

2 MISSION AND VALUES

The Uniting Church in Australia embraces the tradition of the Christian Church, and lives to share the Good News of Jesus Christ. The life, death and resurrection of Jesus Christ as witnessed to in the scriptures, is the foundation for the Church's mission in community services. *"God is the author of mission, Jesus Christ embodies the content of mission, the Spirit is the enabler of mission, the Church is an agent of mission, and the world is the arena of mission."* [1]

The Uniting Church in Australia, in response to God's grace, has a deep and abiding commitment to health and community services. The Church engages in health and community services because it believes that the work of healing, growth, liberation, renewal and reconciliation is God's work in the lives of people and in the life of the world. Jesus' life and ministry challenge us to give more serious attention to the way in which we relate to and serve each other and the world.

UnitingCare Queensland is committed to:

Uniting in Christ,
Acting with love
Living with hope
Witnessing in faith
Working for Justice

UnitingCare Queensland claims its place in the mission of God through its health and community services, research, advocacy and community development.

As part of The Uniting Church, the mission of UnitingCare Queensland is to improve the health and wellbeing of individuals, families and communities as we: Reach out to people in need; Speak out for fairness and justice; Care with compassion, innovation and wisdom.

UnitingCare Health, together with other UnitingCare Queensland agencies, Blue Care and Lifeline Community Care, are vital expressions of this mission.

We embrace this mission statement and commit to it by living our values through the work that we do every day.

[1] Rev Dr Chris Walker 2010 'Towards a Theology relating to Mission'

OUR VALUES

Compassion

Through our understanding and empathy for others we bring holistic are, hope and inspiration.

For each UnitingCare Health employee and accredited provider this means;

- I will be responsive to your needs
- I will make time to listen to you
- I will find ways to improve the wellbeing of others
- I will appreciate the gift of volunteering
- I will not ignore or dismiss you
- I will not treat you as a burden

Respect

We accept and honour diversity, uniqueness and contribution.

For each UnitingCare Health employee and accredited provider this means;

- I will be honest and truthful with you
- I will encourage you to express your point of view
- I will honour all information that is entrusted to me
- I will speak respectfully to you and of you
- I will not abuse, bully or harass you
- I will not deny or denigrate your culture and beliefs

Justice

We commit to focus on the needs of the people we serve and to work for a fair, just and sustainable society.

For each UnitingCare Health employee and accredited provider this means;

- I will speak out if I see people being harmed or abused
- I will be committed in making sure the people we serve, receive the best care possible
- I will use all resources wisely and well
- I will be open and transparent in my action and behaviour
- I will not support a blame culture
- I will not take credit for others contributions

Working Together

We value and appreciate the richness of individual contributions, partnerships and teamwork.

For each UnitingCare Health employee and accredited provider this means;

- I will share the load
- I will work constructively with you, regardless of your position
- I will take responsibility for my actions and be accountable to others
- I will acknowledge my way is not the only way
- I will not have an attitude of "it's not my job"
- I will not exclude you

Leading through Learning

Our culture encourages innovation and supports learning.

For each UnitingCare Health employee and accredited provider this means;

- I will foster a creative, fun, passionate and innovative working environment
- I will share my experience and knowledge
- I will nurture the skills and attributes of others
- I will admit to what I do not know and seek assistance
- I will not conceal or withhold knowledge and or information
- I will not resist organisational changes which benefit the people we care for

3 DEFINITIONS, INTERPRETATION AND MEETINGS

3.1 DEFINITIONS

In these By-laws, unless indicated to the contrary:

"Accreditation" means the process provided in these By-laws by which a person is Accredited.

"Accredited" means the status conferred on a Medical Practitioner, Dentist or Allied Health Professional to provide services within UnitingCare Health after having satisfied the Credentialing and Scope of Practice requirements provided in these By-laws.

"Accredited Practitioner" means a Medical Practitioner, Dentist or Allied Health Professional who has been Accredited to provide services within UnitingCare Health, and who may be an "Accredited Medical Practitioner", "Accredited Dentist" or "Accredited Allied Health Professional".

"Accredited with Admitting Rights" means the entitlement to admit Patients to the Relevant Hospital and to provide medical treatment and care to those Patients within the clinical fields approved by the General Manager of the Relevant Hospital in accordance with the provisions of these By-laws.

"Accredited without Admitting Rights" means the entitlement to provide medical treatment and care to Patients already admitted to the Relevant Hospital under the care of another Accredited Medical Practitioner with Admitting Rights, within the clinical fields approved by the General Manager of the Relevant Hospital in accordance with the provisions of these By-laws, but does not include the right to admit Patients to the Relevant Hospital.

"Adequate Professional Indemnity Insurance" means insurance, including run off/tail insurance, to cover all potential liability of the Accredited Practitioner, that is with a reputable insurance company acceptable to UnitingCare Health and is in an amount and on terms that UnitingCare Health considers in their absolute discretion to be sufficient. The insurance must be adequate for Scope of Practice and level of activity.

"Allied Health Privileges" means the entitlement to provide treatment and care to Patients as an Allied Health Professional within the areas approved by the General Manager of the Relevant Hospital in accordance with the provisions of these By-laws.

"Allied Health Professional" means a person registered under the appropriate legislation to practise as an Allied Health Professional in the State of Queensland, or other categories of appropriately qualified health professionals as approved by the Executive Director, with the specific categories of approved Allied Health Professional detailed in the UnitingCare Health Accreditation policy.

"Allied Health Professionals Register" means the Relevant Hospital's register of Allied Health Professionals.

"Authorised Person" means the chairperson of the UnitingCare Board, Chief Executive Officer of UnitingCare Queensland, the Executive Director of UnitingCare Health, the General Manager of the Relevant Hospital or such persons as determined by the UnitingCare Board from time to time.

"Behavioural Sentinel Event" means an episode of inappropriate or problematic behaviour which indicates concerns about an Accredited Practitioner's level of functioning and suggests potential for adversely affecting Patient safety and welfare or organisational outcomes and is further explained in the Code of Conduct.

"By-laws" means these By-laws.

"Chief Executive Officer" means the Chief Executive Officer of UnitingCare Queensland or any person acting or delegated to act, in that position.

"Clinical Practice" means the professional activity undertaken by Accredited Practitioners for the purposes of investigating Patient symptoms and preventing and/or managing illness, together with associated professional activities related to clinical care.

"Clinical Tutor" means a Medical, Dental or Allied Health Professional who teaches students in health care professions which may involve patients within Hospital clinical services.

"Code of Conduct" means the code of conduct endorsed by UnitingCare Health for use in Relevant Hospitals.

"Competence" means, in respect of a person who applies for Accreditation, that the person is possessed of the necessary aptitude in the application of knowledge and skills in interpersonal relationships, decision making and Performance necessary for the Scope of Practice for which the person has applied and has the demonstrated ability to provide health services at an expected level of safety and quality.

"Credentials" means, in respect of a person who applies for Accreditation, the qualifications, professional training, clinical experience and training and experience in leadership, research, education, communication and teamwork that contribute to the person's Competence, Performance and professional suitability to provide safe, high quality health care services. The applicant's history of and current status with respect to professional registration, disciplinary actions, indemnity insurance and criminal regard are relevant to their Credentials.

"Credentialing" means, in respect of a person who applies for Accreditation, the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of the applicant for the purpose of forming a view about their Credentials, Competence, Performance and professional suitability to provide safe, competent, ethical and high quality health care services within UnitingCare Health and the Relevant Hospital.

"Current Fitness" is the current fitness required of an applicant for Accreditation to carry out the Scope of Practice sought or currently held. A person is not to be considered as having current fitness if that person suffers from any physical or mental impairment, disability, condition or disorder (including habitual drunkenness or addiction to deleterious drugs) which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practice medicine, dentistry or allied health (as the case may be).

"Dentist" means, for the purposes of these By-laws, persons registered pursuant to the Health Practitioner Regulation National Law Act 2009 to practise dentistry in the State of Queensland.

"Director of Medical Services" means the person appointed to the position of director of medical services, or equivalent position by whatever name, of the Relevant Hospital or any

person acting, or delegated to act, in that position. Where a Relevant Hospital does not employ, or engage, a director of medical services, or equivalent, all references to the director of medical services in the By-laws will be taken to be a reference to the General Manager employed by the Relevant Hospital.

"Director of Nursing" means the person appointed to the position of director of nursing, or equivalent position by whatever name, of the Relevant Hospital or any person acting, or delegated to act, in that position.

"Disruptive Behaviour" means aberrant behaviour manifested through personal interaction with Medical Practitioners, hospital personnel, health care professionals, Patients, family members, or others, which interferes with Patient care or could reasonably be expected to interfere with the process of delivering quality care or which is inconsistent with the values of UnitingCare Health and which is further described in the Code of Conduct.

"Emergency Accreditation" means the process provided in these By-laws [By-law 9.2] whereby a Medical Practitioner, Dentist or Allied Health Professional is Accredited for a specified short period on short notice in an emergency situation.

"Executive Director" means the UnitingCare Health Executive Director (may also be referred to as Chief Executive Officer) of UnitingCare Health or any person acting, or delegated to act, in that position.

"General Manager" means the person appointed to the position of general manager, or equivalent position by whatever name, ofthe Relevant Hospital or any person acting, or delegated to act, in that position.

"External Review" means evaluation of the performance of an Accredited Practitioner by an appropriately qualified and experienced professional person(s) external to UnitingCare Health.

"Internal Review" means evaluation of the performance of an Accredited Practitioner by an appropriately qualified and experienced professional person(s) internal to UnitingCare Health.

"Medical Advisory Committee" means the medical advisory committee of the Relevant Hospital established by the General Manager pursuant to these By-laws.

"Medical Association" means the medical association of Accredited Medical Practitioners and Dentists at each hospital where established by the General Manager of the Relevant Hospital.

"Medical Practitioner" means, for the purposes of these By-laws, a person registered under the provisions of the Health Practitioner Regulation National Law Act 2009 to practise medicine in the State of Queensland and includes Hospital Medical Officers, Staff General Practitioners, Staff Specialists, Visiting Medical Practitioners.

"Medical Register" means the Relevant Hospital's register of all Accredited Medical Practitioners and Dentists.

"New Clinical Services" means clinical services, treatment, procedures, techniques, technology, instruments or other interventions that are being introduced into the organisational setting of a Relevant Hospital for the first time, or if currently used are planned to be used in a different way, and that depend for some or all of their provision on the professional input of Medical Practitioners (Annexure F)

"Organisational Capability" means the Relevant Hospital's ability to provide the facilities, services and clinical and non-clinical support necessary for the provision of safe, high quality clinical services, procedures or other interventions. Organisational Capability will be determined by consideration of, but not limited to, the availability, limitations and/or restrictions of the services, staffing, facilities, equipment, and support services required and with reference to the Clinical Services Plan of UnitingCare Health and the Relevant Hospital, and the Queensland Health Clinical Services Capability Framework.

"Organisational Need" means the extent to which the Relevant Hospital is required to provide a specific clinical service, procedure or other intervention in order to provide a balanced mix of safe, high quality health care services that meet consumer and community needs and aspirations. Organisational Need will be determined by, but not limited to, the strategic direction of UnitingCare Health, Clinical Services Plan, business and operational plans of UnitingCare Health and the Relevant Hospital, and the Queensland Health Clinical Services Capability Framework.

"Patient" means a person admitted to, or treated as an outpatient at, the Relevant Hospital.

"Performance" means the extent to which an Accredited Practitioner provides health care services in a manner which is consistent with known good Clinical Practice and results in expected patient benefits.

"Quality Assurance Activities" in so far as the expression is used in connection with the activities of the Quality Assurance Committee, where established, at a Relevant Hospital, means the activities described in By-laws [By-law 6.7] .

"Quality Assurance Committee" means the quality assurance committee where established for the Relevant Hospital, established under the By-laws or the Health Services Act 1991 (Qld).

"Queensland Health Clinical Services Capability Framework" means the Clinical Services Capability Framework for Public and Licensed Private Health Facilities 2010 (as amended).

"Re-accreditation" means the process provided in these By-laws by which a person who already holds Accreditation may apply for and be considered for Accreditation following the probationary period or any subsequent term.

"Relevant Hospital" means a hospital within the UnitingCare Health network of hospitals to which an application for Accreditation is made.

"Scope of Practice" means the extent of an individual Accredited Practitioner's Clinical Practice within the Relevant Hospital based on the individual's Credentials, Competence, Performance and professional suitability, and the Organisational Capability and Organisational Need of the organisation to support the Accredited Practitioner's scope of clinical practice, and which was previously described as "clinical privileges".

"Specialist Medical 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 (Cth) and has received specialist registration in accordance with the requirements of the Health Practitioner Regulation National Law Act 2009

"Staff General Practitioner" means a general practitioner appointed to, employed by or seconded to the Relevant Hospital/s within UnitingCare Health.

"Staff Medical Officer" means an employed or seconded Medical Practitioner with a defined Scope of Practice and may provide care to admitted or non-admitted patients.

"Staff Specialist" means a Specialist Medical Practitioner appointed to, employed by, or seconded to the Relevant Hospital/s within UnitingCare Health.

"Temporary Accreditation" means the process provided in By-laws [By-law 9.1] whereby a Medical Practitioner, Dentist or Allied Health Professional is Accredited for a limited period of no more than three (3) months

"Threshold Credentials" means the minimum credentials for each clinical service, procedure or other intervention which applies for Credentialing, within the Scope of Practice sought, are required to meet before any application will be processed and approved. Threshold credentials will be approved by

the Executive Director and may be incorporated into an Accreditation policy.

"UnitingCare Queensland" UnitingCare Queensland is the health and community service provider of the Uniting Church in Queensland created by the Queensland Synod of the Uniting Church in Australia.

"UnitingCare Queensland Board" The UnitingCare Queensland Board is commissioned and empowered by the Queensland Synod of the Uniting Church in Australia to be responsible for the Church's involvement in health and community services in Queensland. It is the governing and coordinating body of the Church's health and community services and Public Benevolent Institutions in Queensland and is accountable to the Synod for the strategic direction, overarching policy and performance of those institutions. Its objectives are derived from the mission of the Church and her commitment to Christ's mission and in service to the World for which He died.

"UnitingCare Health" UnitingCare Health is established and constituted by the UnitingCare Board to deliver health care and related services in Queensland. UnitingCare Health manages the following hospitals in Queensland:

- The Wesley Hospital
- St Andrew's War Memorial Hospital
- St Stephen's Hospitals – Maryborough and Hervey Bay
- The Sunshine Coast Private Hospital

"Visiting Allied Health Professional" means an Allied Health Professional who is not an employee of the Relevant Hospital, and who has been granted Allied Health Accreditation and Scope of Practice pursuant to these By-laws.

"Visiting Dentist" means a Dentist who is not an employee of the Relevant Hospital, who has been granted Accreditation and Scope of Practice pursuant to these By-laws.

"Visiting Medical Practitioner" means a Medical Practitioner who is not an employee of the Relevant Hospital, who has been granted Accreditation and Scope of Practice pursuant to these By-laws. Visiting medical practitioners include visiting Specialist Medical Practitioners and visiting general practitioners.

3.2 INTERPRETATION

Headings in these By-laws are for convenience only and are not to be used as an aid in interpretation.

In these By-laws, unless the context makes it clear the rule of interpretation is not intended to apply, words importing the masculine gender shall also include feminine gender, words importing the singular shall also include the plural, if a word is defined another part of speech has a corresponding meaning, if an example is given the example does not limit the scope, and reference to legislation (including subordinate legislation or regulation) is to that legislation as amended, re-enacted or replaced.

The Executive Director, General Manager and a Director of Medical Services may delegate any of the responsibilities conferred upon him/her by the By-laws in his/her complete discretion, but within any delegation parameters approved by the UnitingCare Board. This may include delegation by the Director of Medical Services to a Deputy Director of Medical Services.

Any dispute or difference which may arise as to the meaning or interpretation or application 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 Executive Director. There is no appeal from such a determination by the Executive Director.

3.3 MEETINGS

Where a reference is made to a meeting, the quorum requirements that will apply are those specified in the terms of reference of the relevant committee.

Committee resolutions and decisions, if not specified in the terms of reference, must be supported by a show of hands or ballot of committee members at the meeting.

Voting, if not specified elsewhere, shall be on a simple majority voting basis and only by those in attendance at the meeting (including attendance by electronic means). There shall be no proxy vote.

In the case of an equality of votes, the chairperson will have the casting vote.

A committee established pursuant to these By-laws may hold any meeting by electronic means or by telephonic communication whereby participants can be heard.

Resolutions may be adopted by means of a circular resolution.

Information provided to any committee or person shall be regarded as confidential and is not to be disclosed to any third party or beyond the purpose for which the information was made available.

Any member of a committee who has a conflict of interest or material personal interest in a matter to be decided or discussed shall inform the chairperson of the committee and take no part in any relevant discussion or resolution with respect to that particular matter and shall absent themselves from the room during discussions about the matter.

4 INTRODUCTION

4.1 UNITINGCARE HEALTH COMMITMENT TO SAFETY AND QUALITY

UnitingCare Health is committed to ensuring safe, quality care to all of our patients. These By-laws assist in achieving this by defining the requirements for Accreditation within UnitingCare Health hospitals and supporting the selection and retention of health professionals who possess the qualifications and experience to deliver on a mutual commitment to high quality health care.

4.2 PURPOSE OF THIS DOCUMENT

a. This document sets out the terms and conditions on which Medical Practitioners, Dentists and Allied Health Professionals may apply to be Accredited within the defined Scope of Practice granted, the basis upon which a successful applicant may admit Patients and/or care and treat Patients at UnitingCare Health hospitals, and the terms and conditions for continued Accreditation.

b. The By-laws apply to all hospital facilities operated by the Uniting Church in Australia (Queensland).

c. Every applicant for Accreditation is required to be given a copy of this document and Annexures before making an application. It is an expectation of UnitingCare Health that the By-laws are read in their entirety by the applicant as part of the application process.

4.3 TRANSITION REQUIREMENTS

The By-laws adopted by UnitingCare Health and which commenced 28 August 2002 (amended 8 March 2005 and 13 February 2007) have been amended in accordance with Part E of those By-laws, and from 15 March 2011 these By-laws came into effect. Medical Practitioners and Allied Health Professionals who are Accredited as at 15 March 2011 must comply with the requirements of these By-laws. Any applications for Accreditation made after 15 March 2011 must comply with and will be processed in accordance with the amended By-laws.

PART B – TERMS AND CONDITIONS OF ACCREDITATION FOR ACCREDITED PRACTITIONERS

5 GENERAL TERMS AND CONDITIONS

5.1 COMPLIANCE WITH BY-LAWS

a. It is a requirement for continued Accreditation that Accredited Practitioners comply with the By-laws at all relevant times when admitting, caring for or treating Patients, or otherwise providing services to UnitingCare Health hospitals.

b. Any incident of non-compliance with the By-laws may be grounds for suspension under **By-law 12.1**, termination under **By-law 12.2** or imposition of conditions under **By-law 12.3**.

5.2 COMPLIANCE WITH POLICIES AND PROCEDURES

Accredited Practitioners must comply with all policies and procedures and the Code of Conduct (including amendments) implemented by the General Manager of the Relevant Hospital and UnitingCare Health from time to time.

5.3 COMPLIANCE WITH LEGISLATION

Accredited Practitioners must comply with all relevant legislation including legislation that relates to health and aged care, workplace health & safety, occupational health and safety, antidiscrimination, bullying, harassment, care of child, care of the aged, professional health registration, and any other relevant legislation regulating the Accredited Practitioner and provision of health care in Queensland.

5.4 INSURANCE AND REGISTRATION

a. Accredited Practitioners must at all times maintain Adequate Professional Indemnity Insurance and registration with their relevant health registration board, so as to practice in Queensland.

b. Accredited Practitioners are required to provide evidence annually, or at other times upon request, of Adequate Professional Indemnity Insurance and registration with the relevant health professional registration board, so as to practice in Queensland, and all other relevant licences or registration requirements for the Scope of Practice granted.

5.5 STANDARD OF CONDUCT

a. The Relevant Hospital expects a high standard of professional and personal conduct from Accredited Practitioners, who must conduct themselves in accordance with:

   (i) the Code of Ethics of the Relevant Body or any other relevant code of ethics;

   (ii) the Code of Practice of any specialist college, professional or relevant body of which the Accredited Practitioner is a member;

   (iii) the Code of Conduct and Values of UnitingCare Health;

   (iv) the strategic direction of UnitingCare Health and the Relevant Hospital;

   (v) the limits of their registration or any conditions placed upon Scope of Practice in accordance with these By-laws; and

   (vi) all reasonable requests made by the Relevant Hospital with regard to personal conduct in the Relevant Hospital.

b. Accredited Practitioners must continuously demonstrate Competence and Current Fitness, must not engage in Disruptive Behaviour, and must observe all reasonable requests with respect to conduct and behaviour.

c. Upon request by the Executive Director, General Manager, or Director of Medical Services, the Accredited Practitioner is required to meet with all or any of them to discuss matters in a) or b) above, or any other matter arising out of these By-Laws.

5.6 NOTIFICATIONS

Accredited Practitioners must immediately advise the General Manager, and follow up with written confirmation within two (2) business days, should:

a. an investigation be commenced in relation to the Accredited Practitioner, or about his/her Patient (irrespective of whether this relates to a Patient of the Relevant Hospital) by the Accredited Practitioner's registration board, disciplinary body, Coroner, Health Quality & Complaints Commission, or another statutory authority;

b. an adverse finding be made against the Accredited Practitioner by a civil court, the practitioner's registration board, disciplinary body, Coroner, Health Quality & Complaints Commission, or another statutory authority, irrespective of whether this relates to a Patient of the Relevant Hospital;

c. the Accredited Practitioner's professional registration be revoked or amended, or should conditions be imposed, or should undertakings be agreed, irrespective of whether this relates to a Patient of the Relevant Hospital and irrespective of whether this is noted on the public register or is privately agreed with a registration board;

d. professional indemnity membership or insurance be made conditional or not be renewed, or should limitations be placed on insurance or professional indemnity coverage;

e. the Accredited Practitioner's appointment, clinical privileges or Scope of Practice at any other facility, hospital or day procedure centre alter in any way, including if it is withdrawn, suspended, restricted, or made conditional; or

f. the Accredited Practitioner be charged with having committed or is convicted of a sex, violence or other criminal offence. The Accredited Practitioner must provide the Relevant Hospital with an authority to conduct at any time a criminal history check with the appropriate authorities.

5.7 CONTINUOUS DISCLOSURE

a. The Accredited Practitioner must keep the General Manager continuously informed of every fact and circumstances which has, or will likely have, a material bearing upon:

   (i) the Accreditation of the Accredited Practitioner;

   (ii) the Scope of Practice of the Accredited Practitioner;

   (iii) the ability of the Accredited Practitioner to safely deliver health services to his/her Patients within the Scope of Practice;

   (iv) the Accredited Practitioner's registration or professional indemnity insurance arrangements;

   (v) the inability of the Accredited Practitioner to satisfy a medical malpractice claim by a Patient;

(vi) adverse outcomes or complications in relation to the Accredited Practitioner's Patients (current or former) of the Relevant Hospital;

(vii) the reputation of the Accredited Practitioner as it relates to the provision of Clinical Practice; and

(viii) the reputation of the Relevant Hospital and UnitingCare Health.

b. Subject to restrictions directly relating to or impacting upon legal professional privilege or statutory obligations of confidentiality, every Accredited Practitioner must keep the General Manager informed and updated about the commencement, progress and outcome of compensation claims (including a Personal Injuries Proceedings Act initial notice or notice of claim), coronial investigations or inquests, police investigations, complaints body (including the Health Quality & Complaints Commission) complaints or investigations, or other inquires involving Patients of the Accredited Practitioner that were treated at the Relevant Hospital.

5.8 REPRESENTATIONS AND MEDIA

a. Unless an Accredited Practitioner has the prior written consent of the General Manager of the Relevant Hospital, an Accredited Practitioner may not use Uniting Church In Australia (Q), UnitingCare Queensland, UnitingCare Health or the Relevant Hospital name, or Hospital letterhead, or in any way suggest that the Accredited Practitioner represents these entities.

b. The Accredited Practitioner must comply with the UnitingCare Health media policy and must obtain the General Manager's prior approval before interaction with the media regarding any matter involving the Relevant Hospital, UnitingCare Health or a Patient.

5.9 COMMITTEES

a. The Relevant Hospital requires Accredited Practitioners, as reasonably requested by the General Manager or Director of Medical Services, to assist it in achieving its mission through membership of committees of the Relevant Hospital. This includes committees responsible for developing, implementing and reviewing policies in all clinical areas; participating in medical, nursing and other education programs and attending meetings of Medical Practitioners, Dentists and/or Allied Health Professionals.

b. The Relevant Hospital may establish a Medical Association. All Accredited Medical Practitioners, including Staff Specialists and House Medical Officers at the Relevant Hospital will be members of the Medical Association should such an association be established.

5.10 CONFIDENTIALITY

a. Accredited Practitioners will manage all matters relating to the confidentiality of information in compliance with UnitingCare Health policy and the *'National Privacy Principles 1988'* established by the *Privacy Act 1988* (Cth) and will not do anything to bring UnitingCare Health in breach of these obligations.

b. Accredited Practitioners will comply with the various legislation the collection, handling, storage and disclosure of health information.

c. Accredited Practitioners will comply with common law duties of confidentiality.

d. The following will be kept confidential by Accredited Practitioners:

(i) Commercially in confidence business information concerning UnitingCare Health;

(ii) The particulars of these By-Laws;

(iii) Information concerning UnitingCare Health's insurance arrangements;

(iv) information concerning any Patient or staff of a Relevant Hospital;

(v) information which comes to their knowledge concerning Patients, Clinical Practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services.

e. In addition to statutory or common law exceptions to confidentiality, the confidentiality requirements do not apply in the following circumstances:

(i) where disclosure is required to provide continuing care to the Patient;

(ii) where disclosure is required by law;

(iii) where disclosure is made to a regulatory or registration body in connection with the Accredited Practitioner, another Accredited Practitioner, the Relevant Hospital, or UnitingCare Health;

(iv) where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality; or

(v) where disclosure is required in order to perform some requirement of these By-Laws.

f. The confidentiality requirements continue with full force and effect after the Accredited Practitioner ceases to be Accredited.

5.11 COMMUNICATION WITHIN UNITINGCARE AND UNITINGCARE HEALTH

a. Accredited Practitioners are required to familiarise themselves with the organisational structure of the Relevant Hospital and its various committees, UnitingCare Health, UnitingCare and the Uniting Church in Australia Queensland Synod.

b. Accredited Practitioners acknowledge that in order for the organisation to function, effective communication is required, including between the General Manager, Director of Medical Services, Director of Nursing, Committees of the Relevant Hospital and its staff, Chief Executive Officer, UnitingCare Queensland, Executive Director, UnitingCare Health staff, UnitingCare Board and Uniting Church in Australia Queensland Synod.

c. Accredited Practitioners acknowledge and consent to communication between these persons and entities of information, including their own personal information, which may otherwise be restricted by the *Privacy Act 1988* (Cth). The acknowledgment and consent is given on the proviso that the information will be dealt with in accordance with obligations pursuant to the *Privacy Act 1988* (Cth) and only for proper purposes and functions.

6 SAFETY AND QUALITY

6.1 ADMISSION, AVAILABILITY, COMMUNICATION AND DISCHARGE

a. All Visiting Accredited Practitioners shall admit or treat Patients at the Relevant Hospital on a regular basis and be an active provider of services at the Relevant Hospital. Visiting Accredited Practitioners may be allocated specific access to operating theatre and other procedural areas, including regular elective sessions. Such access is provided on the basis of on-going adequate utilisation, as determined by the General Manager. Insufficient utilisation may result in removal of this access. On going accreditation is subject to Visiting Accredited Practitioners being an active provider of services. Numbers and types of admissions, consultations and procedures will be used to determine on-going accreditation and whether Scope of Practice as defined, has been monitored.

b. Visiting Medical Practitioners or Visiting Dentists who admit Patients to the Relevant Hospital for treatment and care must ensure that they are available to treat and care for those Patients at all times, or failing that, that other arrangements as permitted by the By-laws are put in place to ensure the continuity of treatment and care for those Patients. Visiting Allied Health Professionals who treat Patients must ensure they are available to treat and care for those Patients at all times or ensure continuity for treatment and care.

c. Accredited Practitioners must visit all Patients admitted or required to be treated by them as frequently as is required by the clinical circumstances of those Patients and as would be judged appropriate by professional peers. Absent special circumstances, an Accredited Practitioner will review a Patient within 24 hours of the Patient being admitted under that Accredited Practitioner. An Accredited Practitioner will review the Patient on a daily basis or be contactable to review the Patient in person or their on-call or locum cover is available as requested by nursing staff to review the Patient in the Relevant Hospital. Accredited Practitioners must ensure that all reasonable requests by Relevant Hospital staff are responded to in a timely manner and in particular Patients are promptly attended to when reasonably requested by Relevant Hospital staff for clinical reasons. If Accredited Practitioners are unable to provide this level of care personally, he/she shall secure the agreement of another Accredited Practitioner to provide the care and treatment, and shall advise the staff of the Relevant Hospital of this arrangement.

d. Accredited Practitioners must be available and attend upon Patients of the Accredited Practitioner in a timely manner when requested by Relevant Hospital staff or be available by telephone in a timely manner to assist Relevant Hospital staff in relation to the Accredited Practitioner's Patients. Alternatively, the Accredited Practitioner will make arrangements with another Accredited Practitioner to assist or will put in place with prior notice appropriate arrangements in order for another Accredited Practitioner to assist, and shall advise the staff of the Relevant Hospital of this arrangement.

e. It is the responsibility of the Accredited Practitioner to ensure any changes to contact details are notified promptly to the Director of Medical Services. Accredited Practitioners must ensure that their communication devices are functional and that appropriate alternative arrangements are in place to contact them if their communication devices need to be turned off for any reason. Accredited Practitioners must ensure that they have in place on-call and cover arrangements with Accredited Practitioner(s) at the Relevant Hospital and that those arrangements are communicated to the Relevant Hospital. A locum must be approved in accordance with **By-law 9.3** and the Accredited Practitioner must ensure that the locum's contact details are made available to the Relevant Hospital and all relevant persons are aware of the locum cover and the dates of locum cover. Prior to taking leave, the Accredited Practitioner should ensure adequate handover and avoid if at all possible undertaking major surgery or procedures in circumstances where the post-operative care is to be transferred to a locum or on-call Accredited Practitioner.

f. Accredited Practitioners must only treat Patients within the Scope of Practice granted.

g. Accredited Practitioners are required to work with and as part of a multi-disciplinary health care team, including effective communication – written and verbal, to ensure the best possible care for Patients. Accredited Practitioners must at all times be aware of the importance of effective communication with other members of the health care team, referring doctors, the Relevant Hospital executive, Patients and the Patient's family or next of kin, and at all times ensure appropriate communication has occurred, adequate information has been provided, and questions or concerns have been adequately responded to.

h. Adequate instructions and clinical handover is required to be given to the Relevant Hospital staff and other practitioners (including their on-call and locum cover) to enable them to understand what care the Accredited Practitioner requires to be delivered. The Accredited Practitioner must appropriately supervise the care that is provided by the Relevant Hospital staff and other practitioners.

i. If care is transferred to another Accredited Practitioner, this must be noted on the Patient medical record and communicated to the Nurse Unit Manager or other responsible nursing staff member.

j. Accredited Practitioners must participate in formal on call arrangements as reasonably required by the Relevant Hospital. Persons providing on-call or cover services must be Accredited at the Relevant Hospital.

k. The Accredited Practitioner must ensure that their Patients are not discharged without the approval of the Accredited Practitioner, complying with the discharge policy of the Relevant Hospital. It is the responsibility of the Accredited Practitioner to ensure all information reasonably necessary to ensure continuity of care after discharge is provided to the referring practitioner, general practitioner or other treating practitioner.

6.2 TREATMENT AND FINANCIAL CONSENT

a. Accredited Medical Practitioners and Dentists must obtain fully informed consent for treatment (except where it is not practical in cases of emergency) from the Patient or their legal guardian or substituted decision maker in accordance with accepted medical and legal standards and in accordance with the policy and procedures of the Relevant Hospital.
For the purposes of this provision, an emergency exists where immediate treatment is necessary in order to save a person's life or to prevent serious injury to a person's health.

b. The consent will be evidenced in writing and signed by the Medical Practitioner/Dentist and Patient or their legal guardian or substituted decision maker.

c. It is expected that fully informed consent will be obtained by the Accredited Medical Practitioner/Dentist under whom the Patient is admitted, in accordance with the Medical Practitioner's / Dentist's non delegable duty of care.
The consent process will ordinarily include an explanation of the Patient's condition and prognosis, treatment and alternatives, inform the Patient of material risks associated with treatment and alternatives, and then obtain the consent to treatment. The consent process must also satisfy the Relevant Hospital's requirements from time to time as set out in its policy and procedures.

d. Accredited Medical Practitioners and Dentists must provide full financial disclosure and obtain fully informed financial consent from their Patients in accordance with the relevant legislation, health fund agreements, policy and procedures of the Relevant Hospital.

6.3 PATIENT RECORDS

Accredited Practitioners must ensure that:

a. Patient records held by the Relevant Hospital are adequately maintained for Patients treated by the Accredited Practitioner;

b. Patient records satisfy UnitingCare Health and Relevant Hospital policy requirements, legislative requirements, the content and standard required by the Australian Council on Healthcare Standards, accreditation requirements, health fund obligations and relevant Queensland Health and other bodies requirements;

c. they maintain full, accurate, legible and contemporaneous medical records, including in relation to each attendance upon the Patient, with the entries dated, time and signed;

d. Patient records include all relevant information and documents reasonably necessary to allow Relevant Hospital staff and other Accredited Practitioners to care for Patients;

e. A procedure report is completed including a detailed account of the findings, technique undertaken, complications and post procedure orders;

f. An anaesthetic report is completed, as well as documentation evidencing fully informed anaesthetic consent.

6.4 FINANCIAL INFORMATION AND STATISTICS

a. Accredited Practitioners must record all data required by the Relevant Hospital.

b. Accredited Practitioners must ensure that all Pharmaceutical Benefits Scheme prescription requirements and financial certificates are completed in accordance with Relevant Hospital policy and regulatory requirements.

6.5 QUALITY IMPROVEMENT, RISK MANAGEMENT AND REGULATORY AGENCIES

a. Accredited Practitioners are required to attend and participate in UnitingCare Health and Relevant Hospital's safety, quality, risk management, education and training activities, including clinical audit and peer review activities, and as required by relevant legislation, standards and guidelines, including but not limited to the Australian Commission on Safety and Quality in Health Care, the Health Quality & Complaints Commission Act and its accompanying standards.

b. Accredited Practitioners acknowledge the importance of ongoing safety and quality initiatives that may be instituted by UnitingCare Health or the Relevant Hospital based upon its own safety and quality program, or safety and quality initiatives, programs or standards of Queensland or Commonwealth health departments, statutory bodies or safety and quality organisations (including for example the Australian Commission on Safety and Quality in Health Care and the Health Quality & Complaints Commission in Queensland). Accredited Practitioners will participate in and ensure compliance with these initiatives, programs and standards (including if they are voluntary initiatives that UnitingCare Health or the Relevant Hospital elects to participate in or undertake), whether these apply directly to the Accredited Practitioner or are imposed upon UnitingCare Health or the Relevant Hospital and require assistance from the Accredited Practitioner to ensure compliance.

c. Accredited Practitioners will report to the Relevant Hospital incidents and adverse events (including in relation to the Accredited Practitioner's Patients) in accordance with the Relevant Hospital policy and procedures and where required by the General Manager will assist with incident management, investigation and reviews (including root cause analysis and other systems reviews), and open disclosure processes.

d. Accredited Practitioners will participate in risk management activities and programs, including the implementation by the Relevant Hospital of risk management strategies and recommendations from system reviews.

e. Accredited Practitioners must provide all reasonable and necessary assistance in circumstances where the Relevant Hospital requires assistance from the Accredited Practitioner in order to comply with or respond to a legal request or direction, including for example where that direction is pursuant to a court order, or for example from the Health Quality & Complaints Commission, Coroner, Police, State of Queensland and its agencies or departments, Private Health Unit, and Commonwealth Government and its agencies or departments.

6.6 CLINICAL SPECIALITY COMMITTEES

The General Manager may establish clinical speciality committees for the purpose of reviewing and advising the General Manager on performance of the clinical speciality by reference to the Relevant Hospital's clinical services, Organisational Capability and Organisational Need, and may include Quality Assurance Activities where deemed appropriate by the Quality Assurance Committee where established. Each clinical speciality committee, in consultation with the Director of Medical Services, will establish terms of reference for the committee and will report annually, or as required by the General Manager, on its activities to the Medical Advisory Committee, and make recommendations to the Medical Advisory Committee on issues relevant to the clinical speciality.

6.7 QUALITY ASSURANCE COMMITTEE

a. The General Manager may establish a Quality Assurance Committee to review and advise on clinical safety and quality.

b. Where established, the Quality Assurance Committee will report annually, or as required, to the General Manager.

c. A Quality Assurance Committee may be established in accordance with Part 4 Division 2 of the *Health Services Act 1991* (Qld). If so established, the Committee will operate in accordance with the requirements of this Act and the terms of reference established by the Relevant Hospital.

6.8 PARTICIPATION IN CLINICAL TEACHING ACTIVITIES

a. Accredited Practitioners, if requested, are required to reasonably participate in the Relevant Hospital's clinical teaching program.

b. Medical Practitioners may apply for a position as Clinical Tutor with scope of practice limited to tutoring.

6.9 RESEARCH

a. The Relevant Hospital approves, in principle, the conduct of research (including a clinical trial) in the Relevant Hospital. However, no research will be undertaken without the prior approval of the General Manager of the Relevant Hospital and the UnitingCare Health Human Research Ethics Committee, following written application by the Accredited Practitioner.

b. The activities to be undertaken in the research must fall within the Scope of Practice of the Accredited Practitioner.

c. For aspects of the research falling outside Scope of Practice an indemnity from a third party (including the exceptions listed in the indemnity), if this is not covered by the UnitingCare Health insurance program then the Accredited Practitioner must have in place adequate insurance with a reputable insurer to cover the medical research.

d. Research will be conducted in accordance with National Health and Medical Research Council requirements, *National Statement on Ethical Conduct in Human Research 2007* (as amended and updated from time to time), and other applicable legislation.

e. An Accredited Practitioner has no power to bind UnitingCare Health to a research project (including a clinical trial) by executing a research agreement.

f. There is no right of appeal from a decision to reject an application for research.

6.10 OBTAIN WRITTEN APPROVAL FOR NEW CLINICAL SERVICES

a. Before treating patients with New Clinical Services, an Accredited Practitioner is required to obtain the prior written approval of the General Manager of the Relevant Hospital and what is proposed must fall within the Accredited Practitioner's Scope of Practice or an amendment to the Scope of Practice has been obtained pursuant to **By-Law 10.1.** Requests for the New Clinical Services should be made in accordance with the UnitingCare Health New Clinical Services policy requirements.

b. The Accredited Practitioner must provide evidence of Adequate Professional Indemnity Insurance to cover the New Clinical Service, and if requested, evidence that private health funds will adequately fund the New Clinical Services.

c. If research is involved, then **By-Law 6.9** must be complied with.

d. The General Manager's decision is final and there shall be no right of appeal from denial of requests for New Clinical Services.

6.11 UTILISATION

Accredited Practitioners will be advised upon Accreditation or Re-Accreditation, or at other times as determined by the General Manager, of the expectations in relation to exercising Accreditation and utilisation, including operating and procedural sessions of the Relevant Hospital. Absent special circumstances, the Accredited Practitioner must exercise Accreditation or utilise the Relevant Hospital in accordance with the specified expectations.

PART C – ACCREDITATION OF MEDICAL PRACTITIONERS

7 CREDENTIALING AND SCOPE OF PRACTICE

7.1 ELIGIBILITY FOR ACCREDITATION AS MEDICAL PRACTITIONERS

Accreditation as Medical Practitioners will only be granted if Medical Practitioners demonstrate adequate Credentials, are professionally Competent, satisfy the requirements of the By-laws, and are prepared to comply with the By-laws, UnitingCare Health and Hospital policies, relevant legislation, standards and guidelines, and provide written acknowledgment of such preparedness.

7.2 ENTITLEMENT TO TREAT PATIENTS AT THE RELEVANT HOSPITAL

a. Medical Practitioners who have received Accreditation pursuant to the By-laws are entitled to make a request for access to facilities for the treatment and care of their Patients within the limits of the defined Scope of Practice attached to such Accreditation at the Relevant Hospital and to utilise facilities provided by the Relevant Hospital for that purpose, subject to the provisions of the By-laws, UnitingCare Health and Relevant Hospital policies, resource limitations, and in accordance with Organisational Need and Organisational Capability.

b. The decision to grant access to facilities for the treatment and care of a Medical Practitioner's Patients is on each occasion within the sole discretion of the General Manager and the grant of Accreditation contains no conferral of a general expectation of or 'right of access'.

c. A Medical Practitioner's use of the Relevant Hospital's facilities for the treatment and care of Patients is limited to the Scope of Practice granted by the General Manager of the Relevant Hospital and subject to the conditions upon which the Scope of Practice is granted, resource limitations, and Organisational Need and Organisational Capability.

7.3 RESPONSIBILITY AND BASIS FOR ACCREDITATION AND GRANTING OF SCOPE OF PRACTICE

The General Manager of the Relevant Hospital will determine the outcome of applications for Accreditation as Medical Practitioners and defined Scope of Practice for each applicant. In making any determination, the General Manager of the Relevant Hospital will make independent and informed decisions and in so doing will have regard to the matters set out in these By-laws and will have regard to the observations of the Director of Medical Services and the recommendations of the Medical Advisory Committee. The General Manager may, at his/her discretion, consider other matters as relevant to the application when making his/her determination.

7.4 MEDICAL ADVISORY COMMITTEE

a. The General Manager of the Relevant Hospital shall convene a Medical Advisory Committee in accordance with the terms of reference established for the Medical Advisory Committee. The Medical Advisory Committee members, including the chairperson, will be appointed by the General Manager of the Relevant Hospital.

b. In the event the By-laws are amended in accordance with **By-law 16** that impact upon the Medical Advisory Committee, the Medical Advisory Committee will be re-constituted to ensure compliance with these By-laws, unless otherwise determined by the Uniting*Care* Board.

8 THE PROCESS FOR ACCREDITATION AND RE-ACCREDITATION OF MEDICAL PRACTITIONERS

8.1 APPLICATIONS FOR INITIAL ACCREDITATION AND RE-ACCREDITATION AS MEDICAL PRACTITIONERS

a. Applications for Initial Accreditation (where the applicant does not currently hold Accreditation at the Relevant Hospital) and Re-Accreditation (where the applicant currently holds Accreditation at the Relevant Hospital) as Medical Practitioners must be made in writing on the prescribed form (**Annexure B and Annexure C**). All questions on the prescribed form must be fully completed and all required information and documents supplied before an application will be considered. Applications should be forwarded to the Director of Medical Services at least six weeks prior to the Medical Practitioner seeking to commence at the Relevant Hospital or at least two months prior to expiration of the current Accreditation. Where this timeframe is unable to be achieved due to Organisational Need or patient needs, Temporary Accreditation or Emergency Accreditation will be considered at the discretion of the Director of Medical Services.

b. Applications must include a declaration signed by the Medical Practitioner to the effect that the information provided by the Medical Practitioner is true and correct, that the Medical Practitioner will comply in every respect with the By-laws in the event that the Medical Practitioner's application for Accreditation as a Medical Practitioner at the Relevant Hospital is approved, and the Medical Practitioner consents to retention by UnitingCare Health of their application material and documents generated in the Accreditation process (including personal information falling within the terms of the *Privacy Act 1988* (Cth)) for use in future applications and for use if an application for Accreditation is made at other UnitingCare Health Relevant Hospital.

c. The Director of Medical Services may interview Medical Practitioners and/or request further information from applicants that the Director of Medical Services considers appropriate.

d. The Director of Medical Services will ensure that applications are complete and requests for further information complied with, and upon being satisfied, will refer applications, together with notes from any interviews conducted by the Director of Medical Services and the Director of Medical Services' observations, to the Medical Advisory Committee for consideration.

8.2 CONSIDERATION BY THE MEDICAL ADVISORY COMMITTEE

a. The Medical Advisory Committee will consider all applications for Accreditation and Re-Accreditation as Visiting Medical Practitioners, Staff Specialists, Staff General Practitioners and Hospital Medical Officers referred to it by the Director of Medical Services. Consideration by the Medical Advisory Committee will include but not be limited to information relevant to Credentials, Competence and Current Fitness. The Medical Advisory Committee will make recommendations to the General Manager of the Relevant Hospital as to whether the applications should be approved and if so, on what terms, the Scope of Practice to be granted and whether to grant Accreditation with Admitting Rights or without Admitting Rights for each individual Medical Practitioner.

b. The Medical Advisory Committee will act and make recommendations in accordance with its terms of reference and any relevant policy, as amended from time to time, including in relation to the consideration of applications for Accreditation and Re-Accreditation.

c. In instances where the Medical Advisory Committee has doubts about a Medical Practitioner's ability to perform the services, procedures or other interventions which may have been requested for inclusion in the Scope of Practice, they may recommend to the General Manager to:

(i) initiate an Internal Review for Re-Accreditation Applications;

(ii) initiate an External Review for Re-Accreditation Applications;

(iii) grant Scope of Practice for a limited period of time followed by review;

(iv) apply conditions or limitations to Scope of Practice requested; and/or

(v) apply requirements for relevant clinical services, procedures or other interventions to be performed under supervision or monitoring.

d. If the Medical Practitioner's Credentials and assessed Competence and performance do not meet the Threshold Credentials established for the requested Clinical Privileges, the Medical Advisory Committee may recommend refusal of the requested Clinical Privileges.

8.3 CONSIDERATION OF APPLICATIONS FOR INITIAL ACCREDITATION BY THE GENERAL MANAGER OF THE RELEVANT HOSPITAL

a. The General Manager of the Relevant Hospital will consider applications for Initial Accreditation as Medical Practitioners referred to the General Manager by the Medical Advisory Committee and will decide whether the applications should be rejected or approved and, if approved, whether any conditions should apply.

b. In considering applications, the General Manager will give due consideration to any other information relevant to the application as determined by the General Manager, but the final decision is that of the General Manager.

c. The General Manager may adjourn consideration of an application in order to obtain further information from the Medical Advisory Committee, the Director of Medical Services or the Medical Practitioner or any other person or organisation.

d. If the General Manager of the Relevant Hospital requires further information from the Medical Practitioner before making a determination, they will forward a letter to the Medical Practitioner:

(i) informing the Medical Practitioner that the General Manager requires further information from the Medical Practitioner before deciding the application;

(ii) identifying the information required. This may include, but is not limited to, information from third parties such as other hospitals relating to current or past Accreditation, Scope of Practice and other issues relating to or impacting upon the Accreditation with that other hospital; and

(iii) requesting that the Medical Practitioner provide the information in writing or consent to contact a third party for information or documents, together with any further information the Medical Practitioner considers relevant within fourteen (14) days from the date of receipt of the letter.

e. In the event that the information or documents requested by the General Manager of the Relevant Hospital pursuant to **By-law 8.3 (d)** is not supplied in the time set out in the letter, the General Manager of the Relevant Hospital may, at their discretion, reject the application or proceed to consider the application without such additional information.

f. The General Manager will forward a letter to the Medical Practitioner advising the Medical Practitioner whether the application has been approved or rejected. If the application has been approved, the letter will also contain details of the Scope of Practice granted, any terms and conditions, and whether the Medical Practitioner has been granted Accreditation with Admitting Rights or Accreditation without Admitting Rights at the Relevant Hospital.

g. There is no right of appeal from a decision to reject an initial application and Scope of Practice granted for Accreditation.

8.4 INITIAL ACCREDITATION TENURE

a. Initial Accreditation as a Medical Practitioner at the Relevant Hospital, and Scope of Practice granted, will be for a probationary period of one year. Within one month prior to the end of the probationary period, a review, including but not limited to, of the Medical Practitioner's level of Competence, Current Fitness, Performance, compatibility with Organisational Capability and Organisational Need, and effective utilisations relating to UnitingCare Health Policy and confidence in the Medical Practitioner will be undertaken by the Director of Medical Services. The Director of Medical Services may seek assistance with the review from the relevant Medical Advisory Committee or Speciality Committee where established. The Director of Medical Services, or an Authorised Person, may initiate the review at any time during the probationary period where concerns arise about Performance, Competence, Current Fitness of, or confidence in the Medical Practitioner, or there is evidence of Behavioural Sentinel Events exhibited by the Medical Practitioner.

b. In circumstances where, in respect of a Medical Practitioner:

(i) a review conducted by the Director of Medical Services at the end of the probationary period, or

(ii) a review conducted by an Authorised Person at any time during the probationary period,

causes the Director of Medical Services or an Authorised Person to consider:

(iii) the Medical Practitioner's Scope of Practice should be amended, or

(iv) the probationary period should be terminated, or

(v) the probationary period should be extended, or

(vi) the Medical Practitioner should not be offered Re-accreditation,

the Medical Practitioner will be:

(vii) notified of the circumstances which have given rise to the relevant concerns, and

(viii) be given an opportunity to be heard and present his/her case.

c. Should the Medical Practitioner have an acceptable probationary Accreditation review outcome, the Director of Medical Services, in consultation with the Medical Advisory Committee may recommend to the General Manager that an additional Accreditation period, up to three years, be granted on receipt of a signed declaration from the Medical Practitioner describing any specific changes, if any, to the initial information provided and ongoing compliance with all requirements as per the By-laws.

d. Should the probationary Accreditation review outcome be unacceptable to the Director of Medical Services, they may, in consultation with the Medical Advisory Committee, recommend to the General Manager:

(i) amendment to the Scope of Practice granted; or

(ii) rejection of Accreditation and provide documented reasons for the decision.

e. The General Manager will make a final determination on Accreditation for all Medical Practitioners at the end of the probationary period. There will be no right of appeal at the end of the probationary period and all Medical Practitioners shall agree with this as a condition of initial appointment.

8.5 RE-ACCREDITATION

a. The Director of Medical Services of the Relevant Hospital will, at least three months prior to the expiration of any term of Accreditation of each Medical Practitioner (other than a probationary period), provide to that Medical Practitioner an application form (**Annexure C**) to be used in applying for Re-Accreditation.

b. Any Medical Practitioner wishing to be Re-Accredited must send the completed application form to the Director of Medical Services of the Relevant Hospital at least two months prior to the expiration date of the Medical Practitioner's current term of Accreditation.

c. The Director of Medical Services, Medical Advisory Committee and General Manager of the Relevant Hospital will deal with applications for re-accreditation in the same manner in which they are required to deal with applications for initial accreditation as Medical Practitioners pursuant to **By-law 8.1 - 8.4**, including defining Clinical Privileges.

d. The rights of appeal conferred upon Medical Practitioners who apply for Re-Accreditation as Medical Practitioners are set out in **By-Law 13**.

8.6 RE-ACCREDITATION TENURE

Granting of Accreditation and Scope of Practice subsequent to the probationary period will be for a term of up to three years, as determined by the General Manager.

8.7 ACCREDITATION AT MULTIPLE UNITINGCARE HEALTH RELEVANT HOSPITAL/S

a. If a Medical Practitioner intends seeking initial Accreditation at a UnitingCare Health Relevant Hospital in circumstances where the Medical Practitioner already holds Accreditation at another UnitingCare Health Relevant Hospital, at the time of submitting an application the Medical Practitioner shall identify the UnitingCare Health Relevant Hospital/s at which that Medical Practitioner already holds Accreditation.

b. The General Manager will obtain all relevant documents and information from that other UnitingCare Health Relevant Hospital in relation to the Medical Practitioner's Accreditation at that other Relevant Hospital in accordance with the declaration given in **By-law 8.1.**

c. Following consideration of the documents and information from the other Relevant Hospital, the process for Accreditation in these circumstances is in the complete discretion of the General Manager and they may require that usual requirements and processes for Accreditation are still to be completed.

d. Applicants must be aware that Scope of Practice may differ between Relevant Hospital/s depending on the Organisational Need and Organisational Capability of the Relevant Hospital and scope of practice will be determined on a hospital by hospital basis.

8.8 NATURE OF APPOINTMENT OF VISITING MEDICAL PRACTITIONERS

a. Accreditation as a Visiting Medical Practitioner does not constitute an employment contract nor does it establish a contractual relationship between the Visiting Medical Practitioner and the Relevant Hospital or a Visiting Medical Practitioner and UnitingCare Health.

b. Accreditation is personal and cannot be transferred to, or exercised by, any other person.

9 EXTRAORDINARY ACCREDITATION

9.1 TEMPORARY ACCREDITATION

a. The Director of Medical Services of the Relevant Hospital may grant Medical Practitioners Temporary Accreditation and Scope of Practice on terms and conditions considered appropriate by the Director of Medical Services. Temporary Accreditation will only be granted on the basis of Patient need, Organisational Capability and Organisational Need. The Director of Medical Services may consider Emergency Accreditation for short notice requests pursuant to **By-law 9.2**.

b. Applications for Temporary Accreditation as Medical Practitioners must be made in writing on the prescribed form as for initial applications (**Annexure B**). All questions on the prescribed form must be fully completed and required information and documents submitted before an application will be considered.

c. Temporary Accreditation may be terminated by the Director of Medical Services with the concurrence of the General Manager of the Relevant Hospital, for failure by the Medical Practitioner to comply with the requirements of the By-laws or following provisions of Temporary Accreditation requirements.

d. Temporary Accreditation will automatically cease upon a determination by the General Manager of the Relevant Hospital of the Medical Practitioner's application for Accreditation or at such other time following such determination as the General Manager of the Relevant Hospital decides. The period of Temporary Accreditation shall be determined by the General Manager of the Relevant Hospital, which will be for a period of no longer than three (3) months.

e. The Medical Advisory Committee will be informed of all Temporary Accreditation granted.

f. There will be no right of appeal from decisions relating to the granting of Temporary Accreditation or termination of Temporary Accreditation.

9.2 EMERGENCY ACCREDITATION

a. In the case of an emergency, any Medical Practitioner, to the extent permitted by the terms of the Medical Practitioner's registration pursuant to the provisions of the *Health Practitioners Regulation National Law Act 2009* may request Emergency Accreditation and granting of Scope of Practice in order to continue the provision of treatment and care to Patients (**Annexure G**). Emergency Accreditation may be considered by the Director of Medical Services for short notice requests, to ensure continuity and safety of care for Patients and/or to meet Organisational Need.

b. As a minimum, the following is required

   (i) immediate verification of identity through inspection of relevant documents (eg driver's licence with photograph);

   (ii) immediate verification of professional registration

   (iii) verification of insurance as soon as practicable;

   (iv) contact with a member of senior management of an organisation nominated by the Medical Practitioner as their most recent place of Accreditation to verify employment or appointment history as soon as practicable

   (v) confirmation of at least one professional referee of the Medical Practitioner's Competence and good standing as soon as practicable;

   Verification will be undertaken by the Director of Medical Services and will be fully documented.

c. Emergency Accreditation will be followed as soon as practicable with Temporary Accreditation or Initial Accreditation application processes if required. Emergency Accreditation will be approved for a limited period as identified by the Director of Medical Services, for the safety of Patients involved, and will automatically terminate at the expiry of that period or as otherwise determined by the Director of Medical Services.

d. The Medical Advisory Committee will be informed of all Emergency Accreditations.

e. There will be no right of appeal from decisions on granting, or termination, of Emergency Accreditation.

9.3 LOCUM TENENS

Locums must be approved by the General Manager or Director of Medical Services before they are permitted to arrange the admission of and/or to treat Patients on behalf of Visiting Medical Practitioners.

Temporary Accreditation requirements must be met before approval of locums is granted.

There will be no right of appeal from decisions in relation to locum appointments.

10 VARIATION OF ACCREDITATION OR SCOPE OF PRACTICE

10.1 PRACTITIONER MAY REQUEST AMENDMENT OF ACCREDITATION OR SCOPE OF PRACTICE

a. An Accredited Medical Practitioner may apply for an amendment or variation of their existing Scope of Practice or any term or condition of their Accreditation, other than in relation to the general terms and conditions applying to all Accredited Practitioners as provided in these By-laws.

b. The process for amendment or variation is the same for an application for Re-Accreditation, except the Medical Practitioner will be required to complete a Request for Amendment of Accreditation or Scope of Practice Form (**Annexure H**) and provide relevant documentation and references in support of the amendment or variation.

c. The process to adopt in consideration of the application for amendment or variation will be as set out in **By-Law 8.1 to 8.3**.

d. The rights of appeal conferred upon Medical Practitioners who apply for amendment or variation are set out in **By-Law 13**, except an appeal is not available for an application made during a probationary period, or in relation to Temporary Accreditation, Emergency Accreditation, or a Locum Tenens.

11 REVIEW OF ACCREDITATION OR SCOPE OF PRACTICE

11.1 AUTHORISED PERSON MAY INITIATE REVIEW OF ACCREDITATION OR SCOPE OF PRACTICE

a. An Authorised Person may at any time initiate, through the General Manager of the Relevant Hospital, a review of a Medical Practitioner's Accreditation or Scope of Practice where concerns or an allegation are raised about any of the following:

   (i) Patient health or safety could potentially be compromised;

   (ii) the rights or interests of a Patient, staff or someone engaged in or at the Relevant Hospital has been adversely affected or could be infringed upon;

   (iii) the Medical Practitioner's level of Competence;

   (iv) the Medical Practitioner's Current Fitness;

   (v) the Medical Practitioner's Performance;

   (vi) compatibility with Organisational Capability and Organisational Need;

   (vii) confidence in the Medical Practitioner;

   (viii) compliance with the UCH Code of Conduct;

   (ix) compliance with the Australian Health Practitioner Regulation Agency 'Good Medical Practice: A Code of Conduct for Doctors in Australia'.

   (x) compliance with these By-laws, including terms and conditions, or a possible ground for suspension or termination of Accreditation may have occurred;

   (xi) the efficient operation of the Relevant Hospital could be threatened or disrupted, the potential loss of the Relevant Hospital's licence or accreditation, or the potential to bring the Relevant Hospital into disrepute; or

   (xii) as elsewhere defined in these By-laws.

b. The General Manager, in consultation with the Executive Director, will determine whether the process to be followed is an;

   (i) Internal Review; or

   (ii) External Review.

c. Prior to determining whether an Internal Review or External Review will be conducted, the General Manager may in his or her absolute discretion meet with the Medical Practitioner, along with any other persons the General Manager considers appropriate, advise of the concern or allegation raised, and invite a preliminary response from the Medical Practitioner (in writing or orally as determined by the General Manager) before the General Manager, in consultation with the Executive Director, makes a determination whether a review will proceed, and if so, the type of review.

d. The review may have wider terms of reference then a review of the Medical Practitioner's Accreditation or Scope of Practice.

e. The General Manager must make a determination whether to impose an interim suspension or conditions upon the Accreditation of the Medical Practitioner pending the outcome of the review in accordance with **By-law 12.**

f. In addition or as an alternative to conducting an internal or external review, the General Manager, in consultation with the Executive Director, will notify the Medical Practitioner's registration board and/or other professional body responsible for the Medical Practitioner of details of the concerns raised if required by legislation, the General Manager considers it is in the interests of Patient care or safety to do so, it is in the interests of protection of the Public (including patients at other facilities) to do so, or it is considered that the registration board or professional body is more appropriate to investigate and take necessary action. Following the outcome of any action taken by the registration board and/or other professional body the General Manager may elect to take action, or further action, under these By-laws.

11.2 INTERNAL REVIEW OF ACCREDITATION OR SCOPE OF PRACTICE

a. The General Manager of the Relevant Hospital will establish the terms of reference of the Internal Review, and may seek assistance of the Director of Medical Services, the Medical Advisory Committee or co-opted Medical Practitioners or personnel from within UnitingCare Health who bring specific expertise to the Internal Review as determined by the General Manager.

b. The terms of reference, process, and reviewers will be as determined by the General Manager. The process will ordinarily include the opportunity for submissions from the Medical Practitioner, which may be written and/or oral.

c. The General Manager will notify the Medical Practitioner and Executive Director in writing of the review, the terms of reference, process and reviewers.

d. A detailed report on the findings of the review in accordance with the terms of reference will be provided by the reviewers to the General Manager of the Relevant Hospital.

e. Following consideration of the report, the General Manager is required to make a determination of whether or not to continue (including with conditions), amend, suspend or terminate a Medical Practitioner's Accreditation in accordance with **By-laws 12**.

f. The General Manager must notify the Medical Practitioner in writing of the determination made in relation to the Accreditation, the reasons for it, and advise of the right of appeal, the appeal process and the timeframe for an appeal.

g. The findings and decision following the Internal Review will be provided to the Executive Director

h. The Medical Practitioner shall have the rights of appeal established by **By-Laws 12 and 13** in relation to the final determination made by the General Manager if a decision is made to amend, suspend, terminate or impose conditions on the Medical Practitioner's Accreditation.

i. In addition or as an alternative to taking action in relation to the Accreditation follow receipt of the report, the General Manager will notify the Medical Practitioner's registration board and/or other professional body responsible for the Medical Practitioner of details of the concerns raised and outcome of the review if required by legislation, the General Manager considers it is in the interests of Patient care or safety to do so, it is in the interests of protection of the Public (including patients at other facilities) to do so, it is considered appropriate that the registration board or professional body consider the matter, or it should be done to protect the interests of the Relevant Hospital or UnitingCare Health. The General Manager will notify the Executive Director of this action.

11.3 EXTERNAL REVIEW OF ACCREDITATION OR SCOPE OF PRACTICE

a. The General Manager will make a determination about whether an External Review will be undertaken.

b. An External Review will be undertaken by a person(s) external to UnitingCare Health, the Relevant Hospital and of the Accredited Medical Practitioner in question and such person(s) will be nominated by the General Manager at his/her discretion.

c. The terms of reference, process, and reviewers will be as determined by the General Manager. The process will ordinarily include the opportunity for submissions from the Medical Practitioner, which may be written and/or oral.

d. The General Manager will notify the Medical Practitioner and Executive Director in writing of the review, the terms of reference, process and reviewers.

e. The external reviewer is required to provide a detailed report on the findings of the review in accordance with the terms of reference to the General Manager of the Relevant Hospital.

f. The General Manager will review the report from the External Review and make a determination of whether to continue (including with conditions), amend, suspend or terminate the Medical Practitioner's Accreditation or Scope of Practice in accordance with **By-laws 12**

g. The General Manager must notify the Medical Practitioner in writing of the determination made in relation to the Accreditation, the reasons for it, and advise of the right of appeal, the appeal process and the timeframe for an appeal.

h. The findings and decision following the External Review will be provided to the Executive Director.

i. The Medical Practitioner shall have the rights of appeal established by **By-Laws 12 and 13** in relation to the final determination made by the General Manager if a decision is made to amend, suspend, terminate or impose conditions on the Medical Practitioner's Accreditation.

j. In addition or as an alternative to taking action in relation to the Accreditation follow receipt of the report, the General Manager will notify the Medical Practitioner's registration board and/or other professional body responsible for the Medical Practitioner of details of the concerns raised and outcome of the review if required by legislation, the General Manager considers it is in the interests of Patient care or safety to do so, it is in the interests of protection of the Public (including patients at other facilities) to do so, it is considered appropriate that the registration board or professional body consider the matter, or it should be done to protect the interests of the Relevant Hospital or UnitingCare Health. The General Manager will notify the Executive Director of this action.

12 SUSPENSION, TERMINATION, IMPOSITION OF CONDITIONS, RESIGNATION AND EXPIRY OF ACCREDITATION

12.1 SUSPENSION

a. The General Manager or Director of Medical Services of the Relevant Hospital may, following consultation with the Chairperson of the Medical Advisory Committee where practicable, immediately suspend a Medical Practitioner's Accreditation should the General Manager or Director of Medical Services believe, or have a sufficient concern that:

(i) it is in the interests of Patient care or safety.
This can be based upon an investigation by an external agency including a registration board, disciplinary body, Coroner or the Health Quality & Complaints Commission, and may be related to a patient or patients at another facility not operated by UnitingCare Health;

(ii) the continuance of the current Scope of Practice raises a significant concern about the safety and quality of health care to be provided by the Medical Practitioner;

(iii) it is in the interests of staff welfare or safety;

(iv) serious and unresolved allegations have been made in relation to the Medical Practitioner. This may be related to a patient or patients of another facility not operated by UnitingCare Health, including if these are the subject of review by an external agency including a registration board, disciplinary body, Coroner or the Health Quality & Complaints Commission;

(v) the Medical Practitioner fails to observe the terms and conditions of his/her Accreditation;

(vi) the behaviour or conduct is in breach of a direction or an undertaking, or the Relevant Hospital or UnitingCare Health By-Laws, policies and procedures;

(vii) the behaviour or conduct is such that it is unduly hindering the efficient operation of the Relevant Hospital at any time, or is bringing the Relevant Hospital or UnitingCare Health into disrepute;

(viii) the behaviour or conduct of the Medical Practitioner is inconsistent with UnitingCare Health Code of Conduct, or is considered disruptive or a Behavioural Sentinel Event;

(ix) the behaviour or conduct of the Medical Practitioner is inconsistent with the values of UnitingCare Health;

(x) the Medical Practitioner has been suspended by their registration board;

(xi) there is a finding of professional misconduct, unprofessional conduct, unsatisfactory professional conduct or some other adverse professional finding (however described) by a registration board or other relevant disciplinary body or professional standards organisation for the Medical Practitioner;

(xii) the Medical Practitioner's professional registration is amended, or conditions imposed, or undertakings agreed, irrespective of whether this relates to a current or former Patient of the Relevant Hospital;

(xii) the Medical Practitioner has made a false declaration or provided false or inaccurate information to the Relevant Hospital, either through omission of important information or inclusion of false or inaccurate information;

(xiv) the Medical Practitioner fails to make the required notifications required to be given pursuant to these By-laws or based upon the information contained in a notification suspension is considered appropriate;

(xv) the Accreditation, clinical privileges or Scope of Practice of the Medical Practitioner has been suspended, terminated, restricted or made conditional by another health care organisation;

(xvi) the Medical Practitioner is the subject of a criminal investigation about a serious matter (for example a drug related matter, or an allegation of a crime against a person such as a sex or violence offence) which, if established, could affect his or her ability to exercise his or her Scope of Practice safety and competently and with the confidence of the Relevant Hospital and the broader community.

(xvii) the Medical Practitioner has been convicted of a crime which could affect his or her ability to exercise his or her Scope of Practice safety and competently and with the confidence of the Relevant Hospital and the broader community.

(xviii) based upon a finalised Internal Review or External Review pursuant to **By-law 11** any of the above criteria for suspension are considered to apply;

(xix) an Internal Review or External Review has been initiated pursuant to **By-law 11** and the General Manager of the Relevant Hospital considers that an interim suspension is appropriate pending the outcome of the review;

(xx) there are other unresolved issues or other concerns in respect of the Medical Practitioner that is considered to be a ground for suspension.

b. The General Manager or Director of Medical Services shall notify the Medical Practitioner of:

(i) the fact of the suspension;

(ii) the period of suspension;

(iii) the reasons for the suspension;

(iv) if the General Manager or Director of Medical Services considers it applicable and appropriate in the circumstances, invite a written response from the Medical Practitioner, including a response why the Medical Practitioner may consider the suspension should be lifted;

(v) if General Manager or Director of Medical Services considers it applicable and appropriate in the circumstances, any actions that must be performed for the suspension to be lifted and the period within which those actions must be completed; and

(vi) the right of appeal, the appeal process and the time frame for an appeal.

c. As an alternative to an immediate suspension, the General Manager or Director of Medical Services may elect to deliver a show cause notice to the Medical Practitioner advising of:

(i) the facts and circumstances forming the basis for possible suspension;

(ii) the grounds under the By-Laws upon which suspension may occur;

(iii) invite a written response from the Medical Practitioner, including a response why the Medical Practitioner may consider suspension is not appropriate;

(v) if applicable and appropriate in the circumstances, any actions that must be performed for the suspension not to occur and the period within which those actions must be completed; and

(vi) a timeframe in which a response is required from the Medical Practitioner to the show cause notice.

Following receipt of the response the General Manager or Director of Medical Services will determine whether the Accreditation will be suspended. If suspension is to occur notification will be sent in accordance with paragraph (b). Otherwise the Medical Practitioner will be advised that suspension will not occur, however this will not prevent the General Manager or Director of Medical Services from taking other action at this time, including imposition of conditions, and will not prevent the General Manager or Director of Medical Services from relying upon these matters as a ground for suspension or termination in the future.

d. The suspension is ended either by terminating the Accreditation or lifting the suspension. This will occur by written notification by the General Manager.

e. The affected Medical Practitioner shall have the rights of appeal established by **By-law 13**.

f. The General Manager of the Relevant Hospital will notify the Executive Director of any suspension of Accreditation.

g. If there is held, in good faith, a belief that the matters forming the grounds for suspension give rise to a significant concern about the safety and quality of health care provided by the Medical Practitioner including but not limited to patients outside of UnitingCare Health, it is in the interests of Patient care or safety to do so, it is in the interests of protection of the Public (including patients at other facilities) to do so, it is required by legislation, or for other reasonable grounds, the General Manager will notify the Medical Practitioner's registration board and/or other relevant regulatory agency of the suspension and the reasons for it. The General Manager will notify the Executive Director of this action.

12.2 TERMINATION OF ACCREDITATION OR SCOPE OF PRACTICE

a. Accreditation shall be immediately terminated by the General Manager if the following has occurred, or if it appears based upon the information available to the General Manager the following has occurred:

(i) the Medical Practitioner ceases to be registered with their relevant registration board;

(ii) the Medical Practitioner ceases to maintain Adequate Professional Indemnity Insurance covering the Scope of Practice; or

(iii) a contract of employment or to provide services is terminated or ends, and is not renewed.

b. Accreditation may be terminated by the General Manager if the following has occurred, or if it appears based upon the information available to the General Manager the following has occurred:

(i) based upon any of the matters in **By-Law 12.1 (a)** and it is considered suspension is an insufficient response in the circumstances;

(ii) based upon a finalised Internal Review or External Review pursuant to **By-law 11** and termination of Accreditation is considered appropriate in the circumstances or in circumstances where the General Manager does not have confidence in the continued appointment of the Medical Practitioner;

(iii) the Medical Practitioner is not regarded by the General Manager as having the appropriate Current Fitness to retain Accreditation or the Scope of Practice, or the General Manager does not have confidence in the continued appointment of the Medical Practitioner;

(iv) conditions have been imposed by the Medical Practitioner's registration board on clinical practice that restricts practice and the Relevant Hospital does not have capacity to meet the results of the conditions imposed;

(v) the Medical Practitioner has not exercised Accreditation or utilised the facilities at the Relevant Hospital for a continuous period of 12 months, or at a level or frequency as otherwise specified to the Medical Practitioner by the General Manager;

(vi) the Scope of Practice is no longer supported by Organisational Capability or Organisational Need;

(vii) the Medical Practitioner becomes permanently incapable of performing his/her duties which shall for the purposes of these By-laws be a continuous period of six months' incapacity; or

(viii) there are other unresolved issues or other concerns in respect of the Medical Practitioner that is considered to be a ground for termination.

c. The Accreditation of a Medical Practitioner may be terminated as otherwise provided in these By-laws.

d. The General Manager shall notify the Medical Practitioner of:

(i) the fact of the termination;

(iii) the reasons for the termination;

(iv) if the General Manager considers it applicable and appropriate in the circumstances, invite a written response from the Medical Practitioner why they may consider a termination should not have occurred; and

(vi) if a right of appeal is available in the circumstances, the right of appeal, the appeal process and the time frame for an appeal.

e. As an alternative to an immediate termination, the General Manager may elect to deliver a show cause notice to the Medical Practitioner advising of:

(i) the facts and circumstances forming the basis for possible termination;

(ii) the grounds under the By-Laws upon which termination may occur;

(iii) invite a written response from the Medical Practitioner, including a response why the Medical Practitioner may consider termination is not appropriate;

(v) if applicable and appropriate in the circumstances, any actions that must be performed for the termination not to occur and the period within which those actions must be completed; and

(vi) a timeframe in which a response is required from the Medical Practitioner to the show cause notice;

Following receipt of the response the General Manager will determine whether the Accreditation will be terminated. If termination is to occur notification will be sent in accordance with **By-law 12.2 (d).** Otherwise the Medical Practitioner will be advised that termination will not occur, however this will not prevent the General Manager from taking other action at this time, including imposition of conditions, and will not prevent the General Manager from relying upon these matters as a ground for suspension or termination in the future.

f. All terminations must be notified to the Executive Director

g. For a termination of Accreditation pursuant to **By-law 12.2 (a),** there shall be no right of appeal.

h. For a termination of Accreditation pursuant to **By-law 12.2 (b),** the Medical Practitioner shall have the rights of appeal established by **By-law 13.**

i. Unless it is determined not appropriate in the particular circumstances, the fact and details of the termination will be notified by the General Manager to the Medical Practitioner's registration board and/or other relevant regulatory agency.

12.3 IMPOSITION OF CONDITIONS

a. At the conclusion of or pending finalisation of a review pursuant to **By-law 11** or in lieu of a suspension pursuant to **By-law 12.1** or in lieu of a termination pursuant to **By-law 12.2** the General Manager may elect to impose conditions on the Accreditation or Scope of Practice.

b. The General Manager must notify the Medical Practitioner in writing of the imposition of conditions, the reasons for it, the consequences if the conditions are breached, and advise of the right of appeal, the appeal process and the timeframe for an appeal. If the General Manager considers it applicable and appropriate in the circumstances, they may also invite a written response from the Medical Practitioner as to why the Medical Practitioner may consider the conditions should not be imposed.

c. If the conditions are breached, then suspension or termination of Accreditation may occur, as determined by the General Manager.

d. The affected Medical Practitioner shall have the rights of appeal established by **By-law 13**.

e. If there is held, in good faith, a belief that the continuation of the unconditional right to practise in any other organisation would raise a significant concern about the safety and quality of health care for patients and the public, the General Manager will notify the Medical Practitioner's registration board and/or other relevant regulatory agency of the imposition of the conditions and the reasons the conditions were imposed.

12.4 NOTIFICATION TO OTHER UNITINGCARE HEALTH RELEVANT HOSPITAL/S

a. The decision to suspend Accreditation and any other relevant information will be notified by the Executive Director to the other UnitingCare Health Relevant Hospital/s where the Medical Practitioner is Accredited, as well as notification subsequently whether an appeal has been lodged. The General Manager of that other UnitingCare Health Relevant Hospital may, based upon this information and in consultation with the Executive Director, elect to immediately suspend Accreditation or may elect to ask the Medical Practitioner to show cause why a suspension or other action should not occur at their Relevant Hospital.

b. The decision to terminate Accreditation and any other relevant information will be notified by the Executive Director to the other UnitingCare Health Relevant Hospital/s where the Medical Practitioner is Accredited, as well as notification whether an appeal has been lodged (if an appeal is available in the circumstances). Unless the Executive Director decides otherwise in the circumstances of a particular case, the termination of Accreditation at one UnitingCare Health Relevant Hospital will result in automatic termination of Accreditation at all other Uniting Care Health Relevant Hospital/s where the Medical Practitioner holds Accreditation. If an automatic termination of Accreditation has not occurred as determined by the Executive Director, the General Manager of that other UnitingCare Health Relevant Hospital may elect, based upon this information and in consultation with the Executive Director, to ask the Medical Practitioner to show cause why a termination or other action should not occur at their Relevant Hospital.

c. The decision to impose conditions and any other relevant information will be notified by the Executive Director to the other UnitingCare Health Relevant Hospital/s where the Medical Practitioner is Accredited, as well as notification subsequently whether an appeal has been lodged. The General Manager of the other UnitingCare Health Relevant Hospital may, based upon this information and in consultation with the Executive Director, elect to immediately impose the same conditions or may elect to ask the Medical Practitioner to show cause why the imposition of conditions or other action should not occur at their Relevant Hospital.

12.5 RESIGNATION AND EXPIRY OF ACCREDITATION

a. A Medical Practitioner may resign his/her Accreditation by giving one month's notice of the intention to do so to the General Manager of the Relevant Hospital, unless a shorter notice period is otherwise agreed by the General Manager.

b. A Medical Practitioner who intends ceasing treating Patients either indefinitely or for an extended period must notify his/her intention to the General Manager, and Accreditation will be taken to be withdrawn one month from the date of notification unless the General Manager decides a shorter notice period is appropriate in the circumstances.

c. If an application for Re-Accreditation is not received within the timeframe provided for in **By-Law 8.5**, unless determined otherwise by the General Manager, the Accreditation will expire at the conclusion of its term. If the Medical Practitioner wishes to admit or treat Patients at the Relevant Hospital after the expiration of Accreditation, an application for Accreditation must be made as an application for Initial Accreditation.

d. If the Medical Practitioner's Scope of Practice is no longer supported by Organisational Capability or Organisational Need, if the Medical Practitioner will no longer be able to meet the terms and conditions of Accreditation, or where admission of Patients or utilisation of services at the Relevant Hospital is regarded by the General Manager to be insufficient, the General Manager will raise these matters in writing with the Accredited Practitioner and invite a meeting to discuss, following which the General Manager and Accredited Practitioner may agree to resign their Accreditation, or that Accreditation will expire and they will agree on the date for expiration of Accreditation. Following the date of expiration, if the Medical Practitioner wishes to admit or treat Patients at the Relevant Hospital, an application for Accreditation must be made as an application for Initial Accreditation.

e. The provisions in relation to resignation and expiration of Accreditation in no way limit the ability of the General Manager to take action pursuant to other provisions of these By-laws, including by way of suspension or termination of Accreditation.

13 APPEAL RIGHTS AND PROCEDURE

13.1 RIGHTS OF APPEAL AGAINST DECISIONS AFFECTING ACCREDITATION

a. There shall be no right of appeal against a decision to not approve initial, temporary, emergency or locum Accreditation, or continued Accreditation at the end of a probationary period or temporary, emergency or locum Accreditation period.

b. Subject to paragraph a. above, a Medical Practitioner shall have the rights of appeal as set out in these By-Laws.

13.2 APPEAL PROCESS

a. A Medical Practitioner shall have fourteen (14) days from the date of notification of a decision to which there is a right of appeal in these By-Laws to lodge an appeal against the decision.

b. An appeal must be in writing to the General Manager and received by the General Manager within the fourteen (14) day appeal period or else the right to appeal is lost.

c. Unless decided otherwise by the Executive Director in the circumstances of the particular case, which will only be in exceptional circumstances, lodgement of an appeal does not result in a stay of the decision under appeal and the decision will stand and be actioned accordingly.

d. Upon receipt of an appeal notice the General Manager will immediately forward the appeal request to the Executive Director.

e. The Executive Director will nominate an Appeal Committee to hear the appeal, establish terms of reference, and submit all relevant material to the chairperson of the Appeal Committee.

f. The Appeal Committee shall comprise at least three (3) persons and will include:

(i) a nominee of the Executive Director, who may be an Accredited Practitioner, who must be independent of the decision under appeal regarding the Medical Practitioner, and who will be the chairperson of the Appeal Committee;

(ii) a nominee of the General Manager of the Relevant Hospital, who may be an Accredited Practitioner, and who must be independent of the decision under appeal regarding the Medical Practitioner;

(iii) any other member or members who bring specific expertise to the decision under appeal, as determined by the Executive Director, who must be independent of the decision under appeal regarding the Medical Practitioner, and who may be an Accredited Practitioner. The Executive Director in their complete discretion may invite the appellant to make suggestions or comments on the proposed additional members of the Appeal Committee (other than the nominees in (i) and (ii) above), but is not bound to follow the suggestions or comments.

g. Before accepting the appointment, the nominees will confirm that they do not have a known conflict of interest with the appellant and will sign a confidentiality agreement. Once all members of the Appeal Committee have accepted the appointment, the Executive Director will notify the appellant of the members of the Appeal Committee.

h. Unless a shorter timeframe is agreed by the appellant and the Appeal Committee, the appellant shall be provided with at least 14 days notice of the date for determination of the appeal by the Appeal Committee. The notice from the Appeal Committee will ordinarily set out the date for determination of the appeal, the members of the Appeal Committee, the process that will be adopted, and will invite the appellant to make a submission about the decision under appeal. Subject to an agreement to confidentiality from the appellant, the chairperson may provide the appellant with copies of material to be relied upon by the Appeal Committee.

i. The appellant will be given the opportunity to make a submission to the Appeal Committee. The Appeal Committee shall determine whether the submission by the appellant may be in writing or in person or both.

j. If the appellant elects to provide written submissions to the Appeal Committee, following such a request from the Appeal Committee for a written submission, unless a longer time frame is agreed between the appellant and Appeal Committee the written submission will be provided within 7 days of the request.

k. The General Manager of the Relevant Hospital (or nominee) may present to the Appeals Committee in order to support the decision under appeal.

l. If the appellant attends before the Appeal Committee to answer questions and to make submissions, the appellant is not entitled to have formal legal representation at the meeting of the Appeal Committee. The appellant is entitled to be accompanied by a support person, who may be a lawyer, but that support person is not entitled to address the Appeal Committee.

m. The appellant shall not be present during Appeal Committee deliberations except when invited to be heard in respect of his/her appeal.

n. The chairperson of the Appeal Committee shall determine any question of procedure for the Appeal Committee, with questions of procedure entirely within the discretion of the chairperson of the Appeal Committee.

o. The Appeal Committee will make a written recommendation regarding the appeal to the Executive Director, including provision of reasons for the recommendation. The recommendation may be made by a majority of the members of the Appeal Committee and if an even number of Appeal Committee members then the chairperson has the deciding vote. A copy of the recommendation will be provided to the appellant. The appeals committee recommendation may include, but not limited to reinstatement of Accreditation, suspension/termination or amendments to Scope of Practice.

p. The Executive Director will consider the recommendation of the Appeal Committee and make a decision about the appeal.

q. The decision of the Executive Director will be notified in writing to the appellant.

r. The decision of the Executive Director is final and binding, and there is no further appeal allowed under these By-Laws from this decision.

s. The decision of the Executive Director in relation to the appeal will be notified to other UnitingCare Health facilities where the Medical Practitioner holds Accreditation.

t. If a notification has already been given to an external agency, such as a registration Board, then the Executive Director will notify that external agency of the appeal decision. If a notification has not already been given, the Executive Director will make a determination whether notification should now occur based upon the relevant considerations for notification to an external agency as set out in these By-laws relating to the decision under appeal.

PART D – ACCREDITATION OF DENTISTS

14 ACCREDITATION AND SCOPE OF PRACTICE OF DENTISTS

By-laws 7 to 13 are hereby repeated in full substituting where applicable Dentist for Medical Practitioner.

Applications for Initial Accreditation and Re-Accreditation should be submitted on the relevant form to the Director of Medical Services (refer to **Annexure B** and **Annexure C**).

PART E – ACCREDITATION OF VISITING ALLIED HEALTH PROFESSIONALS

15 ACCREDITATION AND SCOPE OF PRACTICE OF VISITING ALLIED HEALTH PROFESSIONALS

By-laws 7 to 13 are hereby repeated in full substituting where applicable Visiting Allied Health Professional for Visiting Medical Practitioner and Allied Health Professional for Medical Practitioner.

Applications for Initial Accreditation and Re-Accreditation should be submitted on the relevant form to the Director of Medical Services (refer to **Annexure D** and **Annexure E**).

PART F – AMENDING BY-LAWS, ANNEXURES, AND ASSOCIATED POLICIES AND PROCEDURES

16 AMENDMENTS TO, AND INSTRUMENTS CREATED PURSUANT TO, THE BY-LAWS

a. Amendments to these By-laws can only be made by approval of the UnitingCare Board.

b. All Accredited Medical Practitioners, Dentists and Allied Health Professionals will be bound by amendments to the By-laws from the date of approval of the amendments by the UnitingCare Board, even if Accreditation was obtained prior to the amendments being made. If amendments are to have retrospective application, this must be specifically stated by the UnitingCare Board.

c. The Executive Director may approve the annexures that accompany these By-Laws, and amendments that may be made from time to time, and the annexures once approved by the Executive Director are integrated with and form part of the By-Laws. The documents contained in the annexures must by utilised and are intended to create consistency in the application of the processes for Accreditation and granting of Scope of Practice.

d. The Executive Director may approve terms of reference and policies and procedures that are created pursuant to these By-Laws or to provide greater detail and guidance in relation to implementation of aspects of these By-Laws. These may include but are limited to Accreditation requirements, including Threshold Credentials, Scope of Practice criteria and other requirements for applications for Accreditation, and Committees formed pursuant to these By-Laws.

UnitingCare Health

Level 5, 193 North Quay, Brisbane Qld 4000
GPO Box 2240, Brisbane Qld 4001

Telephone: 07 3025 2500
Facsimile: 07 3025 2599
E-mail: secretary@uchealth.com.au
Web: www.uchealth.com.au
ABN: 87 842 457 440

UnitingCare
Health