



Medical Bylaws

Reviewed 2023
To be read by all credentialed Visiting
Medical Officers



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1. Purpose

This document outlines the requirements for credentialing and defining the scope of clinical practice at The Glen Endoscopy Centre to ensure that

- services are provided within the capability and role of the health service
- medical practitioners appointed to the health service are competent and able to fulfil the tasks and responsibilities of their appointment
- only credentialed medical practitioners have responsibility for the care of admitted patients
- a positive environment for medical practitioners with a clear recognition of the resources required to support high quality services
- appropriate and effective clinical governance

The Glen Endoscopy Centre is a day surgery facility undertaking endoscopy procedures. Its hours of operation are between 0700 and 1900 hours. From time to time the facility may undertake procedures on Saturday.

The Glen Endoscopy Centre aims to provide a high standard of medical care for its patients. The primary relationship concerning medical treatment is between the patient and his/her doctor.

Use of The Glen Endoscopy Centre facilities by medical practitioners subject to acceptance of these by-laws as published. Copies of the by-laws are available from the Chief Executive or Medical Advisor.

2. Responsibilities

The Medical Advisor:

- Has accountability for authorising the credentialing and scope of practice for medical practitioners.
- Is responsible for maintaining the systems for credentialing and scope of practice.

The Medical Advisory Committee has oversight responsibility for credentialing and approving scope of practice for medical practitioners.

Election /re-election of the Chair of the Medical Advisory Committee will take place every 3 years. Other appointments for fixed members of the Medical Advisory Committee will be for a term of 2 years. After this term, the fixed members may be asked to complete another term or another member may be elected.

Each Medical Practitioner has responsibility for meeting the requirements of the Medical Bylaws.

The Centre reserves the right to refuse access to any medical practitioner who is not a credentialed medical practitioner.

3. Definitions

Credentialing refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their



competence, performance and professional suitability to provide safe, high quality health care services at The Glen Endoscopy Centre.

Defining the scope of clinical practice follows on from credentialling and involves delineating the extent of an individual medical practitioner's clinical practice within The Glen Endoscopy Centre based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the facility to support the medical practitioner's clinical practice.

Appointment is defined as the employment or engagement of a medical practitioner to provide services within The Glen Endoscopy Centre according to conditions defined by general law and supplemented by contract.

4. Procedure

Any Medical Practitioners wishing to work at The Glen Endoscopy Centre Private Hospital must apply using the Application for Credentialling form or application for Re-Credentialing. Their Credentials, qualifications and experience will be checked before they can be approved to work at The Glen Endoscopy Centre Private Hospital.

New Appointments

Upon initial application, the Medical Practitioner must complete an application form and provide the following to the Chief Executive Officer at The Glen Endoscopy Centre Private Hospital:

- Proof of identity (100 points)
- National police check history
- International police check if applicant has lived overseas for 12 months or more during the past 10 years
- Original qualifications or certified copy including the primary medical degree and a certified translation if not in English.
- Original or certified copy of specialist qualifications and a certified translation if not in English.
- Other evidence of clinical training and experience as required
- Medical Registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations, and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- The original or certified copy of current Practitioners Medical/Professional Indemnity Insurance certificate ensuring that the cover reflects the requested scope of practice
- Health status, (complete a staff health survey or this may be discussed privately with the director of medical services (or equivalent, who will then be responsible for deciding how this will affect the scope of clinical practice)
- Continuing Professional Development (CPD) statements that are college approved or relevant to the scope of clinical determined by the health service and include either"



- copies of compliance certificates,
- statements verifying CPD participation by relevant college or Australian Medical Association CPD tracker printouts
- Employment and/or visiting history: Current Curriculum Vitae, verified by checking with other sources and including:
 - clinical appointments
 - academic appointments and *teaching experience*
 - quality activities
- Evidence of current compliance with all maintenance of professional standard requirements as determined by speciality colleges
- Referee Checks (at least 2) that:
 - must not be limited to unsolicited written references
 - if undertaken by verbal contact must be documented, preferably in a structured format
 - may be undertaken by templates sent to nominated referees
 - consider the appropriateness and the bona fides of referees
 - include referees who work largely in the specialty of the applicant practitioner and have been in a position to judge the practitioner's experience and performance during the previous three years and have no conflict of interest in providing a reference
 - Existing contract or employment arrangements outside of the current appointment checked, with relevant documentation available.
- *Certification from The Conjoint Committee in Recognition of Training in Gastrointestinal Endoscopy (Endoscopists only)*
- *GESA Recertification Certificate (Endoscopists Only)*

The Chief Executive Officer (or delegate) will be responsible to ensure the following process occurs:

- Review application and supporting documents
- *Sight Covid 19 vaccination*
- Conduct and document referee checks
- Table the application at the MAC
- Ensure letter of clinical privileges is sent once approved
- Update VMO Register

4.1. Reappointment of a medical practitioner at the same health service with no change to scope of practice



Re-appointment must take place every three years.

The Medical Advisory Committee must verify the following information:

- Medical registration including:
 - current Medical Board of Australia (AHPRA) registration
 - confirmation of the presence or absence of conditions, undertakings, endorsements, notations and reprimands
 - confirmation of the type of registration (for example, general or specialist)
- The original or certified copy of current Practitioners Medical/Professional Indemnity Insurance certificate ensuring that the cover reflects the requested scope of practice
- CPD: college certificate or evidence of relevant CPD, confirming with the relevant college if indicated
- Health status, (this may be discussed privately with the director of medical services (or equivalent) who will be responsible for deciding how this will affect the scope of clinical practice)
- Recent employment and/or visiting history - an updated curriculum vitae including (but not restricted to):
 - clinical appointments
 - quality activities
 - academic appointments and teaching experience

Annual Requirements

To fulfil credentialing requirements, the Medical practitioner must provide The Glen Endoscopy Centre Private Hospital with the following:

- Evidence of their current Registration including conditions and notations
- Current Medical Indemnity Insurance Certificate relevant to scope of practice
- Relevant CPD
- Hand Hygiene Certificate
- *Ensure currency of GESA Recertification Certificate (if applicable)*

The Medical Advisory Committee is responsible for ensuring the health service has processes in place to meet these requirements.

If these requirements are not met annually, then clinical privileges may be revoked by the Medical Advisory Committee.

4.2. Changing, extending or reducing the scope of clinical practice

Where new services are introduced, or when a medical practitioner wishes to extend their scope of clinical practice, they must formally undergo appropriate credentialing and scope of clinical practice processes specifically for the new service or practice.

The Medical Advisory Committee must be provided with the following information:

- the change to the scope of clinical practice requested
- additional procedural qualifications or experience related to the requested change
- indemnity insurance information, ensuring the cover reflects the requested change to the scope of practice
- CPD: college certificate or evidence of relevant CPD, confirming with the *relevant college if indicated*.

It is the responsibility of the Medical Advisory Committee to confirm that the requested changes fit with

the needs and capability of the health service. The Medical Practitioner will be advised in writing.

In line with relevant capability frameworks, the scope of clinical practice of a senior medical practitioner at a health service may be reduced. The scope of clinical practice may also be reduced if, for example, underperformance has been identified, or if the director of medical services or the Medical Advisory Committee determine that the requirements for relevant CPD have not been met.

When this occurs, the Medical Advisory Committee or the director of medical services, must notify the practitioner in writing and provide them with an amended position description, ideally with a minimum of four weeks' notice.

A practitioner may wish to change to a subset of their current practice – that is, narrowing their scope of practice. They must formally advise the Medical Advisory Committee. The committee must then consider the effects of the reduction on the health service and decide if an alternative source of the previously provided services is required.

4.3. Appeals process

A medical practitioner who has had their request for credentialing, recredentialing, or scope of clinical practice restricted, denied, withheld or varied from the original request has the right to appeal the decision.

An appeals process must be managed independently of the Medical Advisory Committee. The appeals process should allow for reconsideration of any decision made and for new information to be presented.

The intention to appeal must be lodged within 10 working days of the decision. The appeal must be lodged within one calendar month of receiving the decision.

The credentialing and scope of clinical practice appeals committee should be convened and:

- comprise a majority of medical practitioners from a range of disciplines who have the necessary skills and experience to provide informed and independent advice
- include at least one medical practitioner or dentist who practises in the field relevant to the clinical scope being reviewed
- include a nominee of the relevant college, association or society
- include a nominee (medical practitioner or dentist) of the person who is the subject of the appeal.

The appeals committee should consider all relevant material including any information the senior medical practitioner or dentist may wish to present, as well as information from the credentialing and scope of clinical practice committee.

Details of the proceedings of the appeals committee are confidential. The findings are provided to the Chief Executive Officer which makes a final determination and informs the medical practitioner and the Medical Advisory Committee in writing. Ultimately, the health service has the authority to determine employment or visiting rights and scope of clinical practice decisions related to individuals and groups of practitioners.

Legal advice may be sought by either the appeals committee or the senior medical practitioner.

4.4. Urgent and temporary staffing situations

When health services urgently need senior medical practitioners temporarily, and in the event that the relevant committee cannot be immediately convened, the Medical Advisory Committee delegates the responsibility for undertaking credentialing and defining the scope of clinical practice to the Medical Advisor on a temporary basis.

Temporary credentialing and defining the scope of clinical practice decisions need to be followed as soon as practicable, in line with the formal processes undertaken by the credentialing and scope of clinical practice committee. Temporary credentialing should not exceed three months.

4.5. Emergency clinical situations

Credentialed senior medical practitioners are permitted to administer necessary treatment outside their authorised scope of clinical practice in emergency situations where the interests of a patient are best served.

This may be where a patient may be at risk of serious harm if treatment is not provided and no medical practitioner with an appropriate authorised scope of clinical practice is available and where more appropriate options for alternative treatment or transfer are not available.

All such instances should be formally reviewed by the credentialing and scope of clinical practice committee (or equivalent) and a formal report issued.

4.6. Statewide emergencies

In the event of a state of emergency declared under section 198(1) of the Public Health and Wellbeing Act 2008 and/or a state of disaster declared under section 23(1) of the Emergency Management Act 2013, agile movement of senior medical practitioners between Victorian health services may be required. This in turn necessitates that the automatic and immediate reciprocity of credentialing be granted. Reciprocity of scope of practice should be health service specific to align with the service's functions and circumstances. Reciprocity should apply between private and public health services.

Evidence of credentialing and scope of clinical practice will be provided by way of a letter from The Glen Endoscopy Centre Private Hospital certifying that the medical practitioner has been credentialed, the date of renewal and that there are no known restrictions/conditions on their registration. All credentialing renewals should be automatically deferred until post the emergency period.

Responsibilities

Medical practitioners are responsible for:

- *responsible for disclosing personal, legal or professional impediments to fulfilling the requirements of the role or that could affect patient safety*
- *required to immediately notify all health services where they are providing services of any conditions imposed on their practice by the Australian Health Practitioner Regulation Agency (AHPRA)*
- *be appropriately qualified, registered and experienced for the practice they undertake*
- *maintaining the professional standard requirements relevant to their area of practice*
- *supported by regular performance appraisal*
- *aware of the requirements and capabilities of the health service, and that these may change over time.*

The Medical Advisory Committee is responsible for:

The role of the MAC is to:

- Review and approve credentialing and re-credentialing and scope of practice of medical practitioners and specialists.
- Discuss and make recommendations regarding clinical related matters
- Review, analyse and make recommendation on clinical incidents and sentinel events, variations and trends
- Review and make recommendations regarding new medical equipment and procedures.
- To input, review, approve and implement any new clinical procedures and guidelines related to patient care including medication protocols
- Review of safety and quality data and performance including audits, policies and procedures
- Review of infection control compliance and audits
- *Responsible for Antimicrobial Stewardship*
- Review of risk register
- Review of regulatory changes/ advisories/ externally published reports
- Review of clinical indicators and benchmarking
- Consumer engagement, complaints and feedback
- *Oversight of the Colonoscopy Clinical Care Standard including annual peer review of adherence to Quality Statements and indicators*

4.5 Medical Care by the Endoscopist

The Centre primarily admits patients for open access gastrointestinal endoscopy. It provides facilities, nursing care and aid for the safe treatment and management of these patients. It is the responsibility of the Endoscopist who has taken responsibility for a patient to:

- Ensure that the written consent of his/her patients to all treatment, medical, surgical or otherwise, is obtained.
- Provide, whenever possible before admission, a provisional diagnosis and relevant past history and examination in the patient's medical record.
- Document concise, pertinent and relevant information in the patient's medical record including the operation report. The operation report shall contain a pre-procedure diagnosis, description of the findings, the procedure that has been carried out, any tissue removed or biopsies taken and any post-procedure diagnosis and management. This should be completed on the day of the procedure.
- Document in the Medication Chart any medications that the Endoscopist requires to be administered

- Authorise any specimens taken from the patient during the procedure to be sent for pathological examination. A copy of the pathologist's report shall be kept in the patient's medical record.
- Actively participate in the Team Time Out Procedure before commencing each case in order to ensure correct procedure and correct patient.
- Speak with his or her patient following their procedure and if requested by the nursing staff at any time throughout the patient's admission.

4.7. Medical Care by the Anaesthetist / Sedationist

The Centre primarily admits patients for open access gastrointestinal endoscopy. It provides facilities, nursing care and aid for the safe treatment and management of these patients. It is the responsibility of the anaesthetists / sedationists to:

- Prior to the procedure, undertake the clinical assessment and admission of the patient. This involves greeting the patient, reviewing the patient's health self-assessment, completing the Alert and Risk Sheet and handing over to the procedural team
- Be acquainted with the patient's drug sensitivities and current therapy before administering any drugs
- Administer anaesthesia and /or sedation to a patient
- Remain with and monitor the patient whilst the patient is under anaesthesia or sedation in the procedure room
- Clinically handover patient to recovery nurse when appropriate

4.8. Qualification requirements for Endoscopists

The endoscopist should be

- a specialist in the field of either
 - General physician with special interest in GIT
 - A gastro-enterologist
- General surgeon with accreditation for GI endoscopy by 'Combine Subcommittee for Accreditation in GI endoscopy'

Be a member of a specialist medical college in Australia and be certified by relevant College as having fulfilled conditions of 'Continuing Education Program'.

Have training in gastro-enterological endoscopy and be recognized by 'Conjoint Committee for Recognition of Training in Gastroenterology Endoscopy' in Australia

Provide GESA recertification certificate for colonoscopy when previous one expires.

4.9. Qualification requirements for GO Anaesthetists and Anaesthetists

The practitioner should be either:

- Specialist anaesthetist recognized by Royal ANZ College of Anaesthetist, or
- General Practitioner recognized to practice in Australia who had previous experience in administration of anaesthetic for GI endoscopy.

Certified by relevant College as having fulfilled conditions of 'Continuing Education Program'.

4.10. Scope of clinical practice credentialed medical officers

Medical Advisor

- Responsible for the Medical Services of the centre;
- Oversee the accreditation of medical centre;
- Infection Control;
- Medical equipment and medical supplies; and
- Quality Improvement
- Legislation and regulations

Endoscopist(s)

- Assist in developing policies and procedures
- Assessment and Selection of patients;
- Provide pre-endoscopy consultation if required;
- Compliance with policies and procedures
- Participate in Team Time Out procedure
- Documentation in the Medical records
- Provide reports to the patients and their referring doctors;
- Assess patients for discharge after procedures;
- Provide advice to patient on discharge;
- Liaise with referring doctor if endoscopy reveal condition(s) which requires urgent treatment;
- Follow up of patients if there is complication(s) or possible complication(s) following endoscopy;
- Advise Medical Advisor in writing of any complications or adverse events
- In conjunction with anaesthetist, conduct regular CPR training and update for nursing and other staff; and
- Keep Medical Advisor and Chief Executive informed of latest development in the field of GI endoscopy and patient care to help upgrading the equipment and procedures of the centre.

Anaesthetist / Sedationist

- Assist in developing policies and procedures
- Complete Medical record as required.
- Maintain schedule 8 and 4 medicine records as required by legislation
- Assess and advise patients admitted to the centre for GI endoscopy;
- Provide pre-endoscopy consultation if required;
- Assess patients for discharge after procedures;
- Follow up of patients if there is complication(s) or possible complication(s) resulting from the anaesthetic following endoscopy;
- Participate in Team Time Out procedure
- Oversee the emergency management of patients who have clinical deterioration
- In conjunction with endoscopist, conduct regular CPR training and update for nursing and other staff; and
- Keep Medical Advisor and Chief Executive informed of latest development in the field of anaesthetic for GI endoscopy and patient care to help upgrading the equipment and procedures of the centre.

4.11. Management of complaint or concern regarding a clinician.

To protect the interests of consumers / patients and careers, clinicians, other staff and the organisation, complaint or raised by concern regarding any clinician are to be:

- Reported to the *Complaints Officer*
- The Medical Advisory Committee would convene a meeting to review the Medical Advisor report and make recommendation regarding the complaint or concern.

4.12. Clinical Deterioration

Where a situation arises which, in the opinion of the Registered Nurse who is in charge of the patient at the time, requires the attention of the Responsible Medical Practitioner, every reasonable effort will be made to communicate with the Responsible Medical Practitioner with regard to the situation and to consult with him/her as to the care and treatment of the patient. However, if the Responsible Practitioner cannot be contacted, The Centre has the right to take whatever action it considers necessary in the interests of the patient. This may include the calling of another medical practitioner to care for the patient, or the transfer of the patient to another hospital. In either case, the responsible medical practitioner will be advised of the action as soon as possible.

All Medical Practitioners credentialed at The Centre shall have admission rights to other acute care facilities that provide higher levels of care. This is to enable transfer of patients to higher level care if required.

4.13. Adverse Patient Events

The credentialed medical practitioner is required to notify the chief Executive Officer or medical Advisor, verbally and in writing, of any adverse patient events. These events will be reviewed by the Medical Advisor who will discuss the findings with Management, and the Medical Advisory Committee

It is the responsibility of the medical practitioner notifying the adverse event to undertake open disclosure with the patient

4.14. Open Disclosure

The process of Open Disclosure is undertaken by the Endoscopist responsible for the care of the patient along with the Director of Nursing or delegate.

The main elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the patient to relate their experience of the adverse event
- a discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

Open disclosure is a discussion and an exchange of information that may take place in one conversation or over one or more meetings. Examples of phrases that may be useful include:

“I am very sorry this has happened”;

“I am sorry that this hasn’t turned out as expected”

4.15. Infection Control

All credentialed medical practitioners will be expected to meet the requirements of the Hand Hygiene and Aseptic Technique Procedures. Hand Hygiene and Aseptic Technique competency assessment will include assessments of the medical practitioners.

4.16. Hand Hygiene

Hand hygiene must be performed before and after every episode of patient contact. This includes:

1. before touching a patient;
2. before a procedure;
3. after a procedure or body substance exposure risk;
4. after touching a patient; and
5. after touching a patient’s surroundings.

4.17. Aseptic Technique

Differentiation between Standard and Surgical ANTT is intended to provide clarity and structure to aid understanding, but not polarise practice. ANTT guidelines help standardise practice, technique and equipment levels.

Standard ANTT — Clinical procedures managed with Standard ANTT will characteristically be technically simple, short in duration (approximately less than 20 minutes), and involve relatively few and small key sites and key parts. Standard ANTT requires a main general aseptic field and non-sterile gloves. The use of critical micro aseptic fields and a non-touch technique is essential to protect key parts and key sites. At The Centre, Standard ANTT is used for simple dressings and Invasive Device Insertion

Surgical ANTT — Surgical ANTT is demanded when procedures are technically complex, involve extended periods of time, large open key sites or large or numerous key parts. To counter these risks, a main critical aseptic field and sterile gloves are required and often full barrier precautions (Pratt et al, 2007). Surgical ANTT should still utilise critical micro aseptic fields and non-touch technique where practical to do so.

4.18. Management of Medicines

Telephone treatment orders are rare and should be managed on a case by case basis. Telephone orders by medical practitioners should only be given to a registered nurse who will write all details about the treatment orders in the health record.

All medications to be administered to patients shall be clearly documented and signed for on the Medication Chart. The Centre does not have facility for the dispensing any medications. These must be obtained from a pharmacy by the patient.

A limited number of sample schedule 4 drugs are kept at The Centre and can be given to patients at the discretion of their treating medical practitioner. Such medications must be labelled with contact details for The Centre and instructions for use.

It is not acceptable for medical practitioners to use the same ampoule or vial for multiple patients. There is a considerable risk of cross contamination between patients and/or contamination of the ampoule or vial which may be left open for a period of time

A new ampoule or vial of medicine must be opened for each patient. It is opened only when needed and disposed of following the conclusion of each procedure.

4.19. Schedule 8 medicines

In the case of Schedule 8 medications the patient's name and unit record number must be recorded against the drug used and any amount not used **MUST** be discarded and this amount recorded in the Drug of Addiction administration book in the notes/comments section provided. **This is a Department of Health Regulation**

4.20. Partnering for Performance

During the 3 year credentialed period, VMOS must complete a self-assessment of performance and this will then be reviewed by the Medical Advisor or CEO. Patient Feedback, complaints and incident reports will also be used to review performance.

4.21. Conduct of the Procedure

- Sessions are allocated to endoscopists on an agreed basis either weekly or as suitable for that endoscopist.
- The patient's name, address, telephone number and date of birth, provisional diagnosis and the nature of the procedure to be performed, shall be provided to the admissions clerk as early as possible prior to the sessions.
- When an endoscopist wishes to cancel a session for any reason it is required that adequate notice is given to the Chief Executive Officer so that the session time may be allocated to another endoscopist if possible and that staff and patients can be notified of the changes.
- The Centre reserves the right to make casual bookings for any session where there are no bookings ahead of any allocated session, or part of session not fully utilised.

4.22. Admission of Children

Patients under the age of 18 years are not admitted to The Centre

4.23. Admission of High Risk patients

The pre-admission screening process identifies high risk patients. Such patients will be booked for a consultation with a credentialed medical practitioner prior to accepting the booking for a procedure. Introduction of a new technology / patient intervention / service

A comprehensive business case is required to be approved by the Medical Advisory Committee prior to the introduction of any new technology, patient intervention or service.

Medical practitioners must contact the Chief Executive Officer for a business case application.

4.24. Quality Assurance

Credentialed medical practitioners are expected to assist their peers in the conduct of quality care and the appropriate use of resources. The Centre will assist in this work, and provide the appropriate use of resources and relevant documentation.

The Centre conducts a range of clinical internal audits. During the year, reports from these audits will be provided to the Medical Advisory Committee. These reports may indicate areas for process improvement by any clinician. The Chair of the Medical Advisory Committee will bring these areas for improvement to the attention of a medical clinician.

4.25. Other Matters

The Centre encourages credentialed medical practitioners to assist The Centre in other ways. This may include help on emergency cases, work on committees, participation in post-graduate education programs and the attendance at meetings of medical staff.

4.26 Patient rights and responsibilities

All VMO's will adhere to the principles of the Australian Charter of Healthcare Rights (2nd Edition) and ensure patients rights and responsibilities are met.

4.27 Admission Criteria

VMO's must adhere to the TGEC admission criteria and the excluded patients as per the Exclusion Criteria. Only patients that are suitable for Day Surgery are to be admitted. All patients will undergo a pre-admission screening at least 24 hours prior to admission to screen for risks of harm and to ensure they fit admission criteria.

4.28 Bowel Prep Informed Consent

Any patient undergoing a Colonoscopy must be given informed consent for the bowel preparation and its risks prior to starting the preparation.

4.29 Consent

Explanation of the nature and risks of an operation and alternatives to having the procedure is essential and is to be undertaken personally by the VMO performing the procedure. Consent for the procedure and Anaesthetic must be documented on the TGEC Consent form and must have the Doctors name circled, dated and signed by Doctor.

4.30 Medical record documentation

VMO's must ensure that patient medical records are legible, adequately and accurately maintained, including that they:

- Are legible
- Satisfy the standards required by NSQHSS accreditation practices and government legislation
- Include all information and discharge instructions reasonably necessary to allow the day surgery to care for patients.
- Ensure every section is completed correctly and completely
- No white out is to be used on the medical record
- An Endoscopy Report must be completed and sent to GP

4.31 Adherence to Policies and Procedures

All VMO's will adhere to TGEC policies, procedures and work instructions, National Safety and Quality Health Service Standards Edition 2, Infection Control Policies, Procedure and Guidelines, Department of Health Regulations and any other Regulatory Guidelines.

4.32 Antimicrobial Stewardship

It is the policy TGEC that prescribing of antibiotics will be in accordance with Therapeutic Guidelines for Antibiotics and the approved list of antibiotics for use at TGEC as per our Antimicrobial Stewardship policy. Therapeutic Guidelines are available electronically onsite as part of ETG Complete. Any antibiotics used must be documented on our Antibiotic Register. The use of antibiotics is audited and reviewed by our Infection Control Consultant for compliance with the Therapeutic Guidelines.

4.33 Quality & Safety

VMO's are expected to contribute to the ongoing quality and safety of the day surgery by participation in the quality management program through peer review, collection of relevant clinical indicators, completing incident reports, review of policies and procedures and assistance with quality and safety activities as required.

4.34 Partnering with Consumers

Patients and their carers are to be involved in treatment planning, shared decision making, informed consent and all aspects of their care in relation to the treatment being provided, pre-admission and discharge planning. They must be provided with adequate written information for pre-procedure instructions and information and discharge information including contact phone numbers in case of an emergency or any concerns.

Patient goals of care and individual needs should be taken into consideration when care planning commences.

5. Evaluation of the ByLaws

The Medical Advisory Committee will review the Medical Bylaws once every three years.

6. References and Standards

Safer Care Victoria Credentialing Policy

Health Services (Private Hospitals and Day Procedure Centre) Regulations

7. Related Legislation

Health Service Act 1988

Health Regulations for Private Hospitals and Day Procedure Centres

8. Forms and appendices

Application for Credentialing

Application for Re-credentialing



9. Document History

Date	Changes	Authorisation
12 May 2016	New document. Replaces	CEO
March 2019	Document reviewed and updated	MAC
May 2023	Document reviewed and updated	MAC