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Dear Doctor,

**Re: Application for Clinical Privileges - Manningham Day Procedure Centre**

Please find enclosed an application form for clinical privileges, code of conduct and a copy of MDPC's emergency and paediatric equipment listing and Hospital & Medical Advisory Committee Credentialing By Laws.

I would ask that you complete and return the application and signed code of conduct, with the following accompanying documents (please ensure the most current versions are provided);

- Brief CV
- Copies of current Registration and Professional Indemnity Insurance
- Copies of qualifications
- 100 point proof of identity (*see verification details attached at back of application forms*)
- Copy of current Working with Children check
- Evidence of continuing professional development (CPD) or recertification/training
- Evidence of College Fellowship

I have also taken the liberty of enclosing three Professional Reference Request forms for your nominated referees.

As a minimum these should be completed and signed by three peer referees and returned with the other documents.

All applications are presented to our Medical Advisory Committee, which meets on a bi-annual basis.

Provision for granting temporary privileges will be considered and you will be notified accordingly.

Yours sincerely,



**Leanne Kemp**  
Chief Executive Officer  
Manningham Day Procedure Centre



## Application for Appointment as an Accredited Practitioner

### Accreditation Form for use by Medical and Dental Practitioners

#### 1. Application for Appointment as an Accredited Practitioner

I hereby apply for Appointment as an Accredited Practitioner at Manningham Day Procedure Centre and seek appointment for the category and privileges indicated - refer to Annexures D & E of the Hospital By-Laws. To support my application I submit the following information (**Please print** and attach separate sheets if insufficient space):

Categories	Please tick	Privileges	Please tick
Specialist Surgeon		Surgical Privileges	
Specialist Proceduralist		Anaesthetic Privileges	
Specialist Anaesthetist		Assist Privileges	
Surgical Assistant		Other	
Other			

#### Scope of Clinical Practice

Please complete boxes 1 & 2 including requirements for **paediatric** practice.

<p><b>1. Specialty</b></p> <p>in which appointment sought</p>	
<p><b>2. Clinical Privileges Requested</b></p> <p>(specify areas of practice where clinical privileges are sought &amp; details of any subspecialty areas or procedures in which you wish to participate) eg: <b>Paediatrics</b></p>	

I agree to work within my defined scope of clinical practice and to make a further application should I seek to extend the scope of clinical practice granted to me.

YES

NO

Should any question as to my scope of clinical practice arise, I agree that MDPC may make such enquiries as it considers necessary to assess whether that scope of clinical practice is appropriate.

YES

NO

## 2. Personal Details

<b>Title</b> (eg: Dr, Mr, A/Prof, Prof)			
<b>Surname:</b>			
<b>Given Name(s):</b>			
<b>Any former names</b> (including maiden name)		<b>Prescriber No.:</b>	
		<b>Provider No.:</b>	
<b>Residential Address:</b>			
	<b>Postcode:</b>		
<b>Telephone:</b>		<b>Pager No.:</b>	
<b>Facsimile:</b>		<b>Mobile No.:</b>	
<b>Date of Birth:</b>			
<b>Practice Address:</b>			
	<b>Postcode:</b>		
<b>Telephone:</b>		<b>Facsimile:</b>	
<b>Email:</b>			
<b>Postal Address:</b>			
	<b>Postcode:</b>		

## 3. 100 point proof of ID

Please attach 100 point proof of ID to your application. (See verification details attached)

## 4. Qualifications – It is mandatory to attach certified copies of specialist or other qualifications.

<b>Degree/Fellowship</b>	<b>Conferring Body</b>	<b>Year</b>

**5. Details of Membership of Professional Associations**


**6. Current Appointments**

Facility	Appointments

**7. Past Appointments**

Facility	Appointments

**8. References**

a) I authorise MDPC to seek information from my referees as to my past experience, performance and current fitness to practice.

b) Please provide details below for three peer references who can attest recent practice is consistent with the criteria contained within the Manningham Day Procedure Centre By-Laws and are not professionally or financially related to the applicant. The referees provided should be familiar with your current professional capabilities.

Name	Address	Phone & Fax number

## 9. Registration

Please supply details of your current registration with the Medical Board of Victoria.

**Registration Number:** .....

**Specialty:** .....

**Please attach a copy of your current Registration Certificate**

## 10. Insurance

Do you have current Medical Indemnity Insurance at the appropriate level?      Yes       No

Please provide details:

.....

.....

**Please attach a copy of your current Medical Insurance Policy / Schedule**

## 3<sup>rd</sup> Party Authority

Please note that by submitting this application, you authorise MDPC to obtain information relevant to your application from your current and any previous medical indemnity organisation/insurer.

## 11. Working with Children check

Please attach a current Working with Children check to your application.

## 12. Professional Development

Please provide details (e.g. courses attended relevant to your appointment) of your compliance with the Continuing Education/Professional Development/Recertification or Maintenance of Standards Program of your College.

.....

.....

.....

**Specifically, please provide evidence of current training in the following:**

- **Hand Hygiene**
- **Basic Life Support/Advanced Life Support**
- **Aseptic technique**
- **Use of invasive devices**
- **Open Disclosure**
- **Patient Centred Care**

### 13. Disclosure

a) Have you ever had any restrictions placed on your Medical Registration? Yes  No

*If you answered yes to the above, please provide details (including details of the restriction and what period during which the restrictions apply/applied):*

.....  
.....

b) Have you previously been refused clinical privileges on the basis of clinical competency at another hospital? Yes  No

*If you answered yes to the above, please provide details:*

.....  
.....

c) Have your clinical privileges ever been withdrawn, suspended or not renewed on the basis of clinical competency at another hospital? Yes  No

*If you answered yes to the above, please provide details:*

.....  
.....

d) Have there ever been any serious adverse findings made against you which would be relevant to your appointment (for example: breach of insurance/medical laws, professional misconduct, sexual assaults or assault) by the Health Insurance Commission, a Medical Board, a Health Care Complaints Commission/Body, a Coroner, a Court or any other professional disciplinary or similar body? Yes  No

*If you answered yes to the above, please provide details:*

.....  
.....

e) Criminal Record Check – Have you been convicted of or pleaded guilty to a criminal offence including a serious sex or violence offence or an offence involving dishonesty or drugs (other than a spent conviction)? Yes  No

*If you answered yes to the above, please provide details:*

.....

f) Do you consent to Manningham Day Procedure Centre undertaking criminal record checks / working with children checks on you as required by law and/or relevant Manningham Day Procedure Centre policies? Yes  No

## 14. Nomination Alternative in event of Emergency

In the event that I am unable to be contacted for a clinical emergency, the person nominated below is an appropriately qualified Accredited Practitioner who has agreed to deputise for me:

Name: .....

Contact Phone Numbers: .....

## 15. Agreements, Representation and Warranty

The information provided by me to Manningham Day Procedure Centre in this application and in connection with this application is accurate and complete and is not misleading or deceiving or likely to mislead or deceive.

I understand that if I have provided misleading or deceptive information or information which is likely to mislead or deceive, Manningham Day Procedure Centre may (in its absolute discretion) consider that I do not have "current fitness" under the Hospital By-laws.

I agree to promptly notify the DON of Manningham Day Procedure Centre of any adverse clinical incident I am involved in or become aware of.

I understand that my Appointment as a Visiting Medical Officer if granted, will be reviewed on a regular basis or earlier if considered necessary.

I accept that MDPC will obtain information relevant to this application from the Medical Board of Australia and any other authority that regulates health practitioners.

I am aware that MDPC restricts referrals for admission to patients above 3 years of age.

I agree to participate in MDPC's quality management system and support compliance to the NSQHS standards.

I understand it is my responsibility to provide clinical handover (discharge information/summary) information to the patient's referrer.

I acknowledge that I have been provided with, and, read a copy of the MDPC MAC By-Laws. If appointed, I agree to familiarise myself with the relevant by-laws, policies and procedures and to abide by them.

I hereby declare that the information contained in this application is true and correct.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

### References:

Department of Health Victoria *Credentiailling and defining the scope of clinical practice for medical practitioners in Victorian health services*

ACSQHS Standard 1 *Governance for safety and quality in health service organisations*  
<http://www.safetyandquality.gov.au/>

**Please ensure that this form is fully completed and that the following documentation is included with this application:**

- Separate CV Attached (*please note, your CV will be forwarded to the Medical Advisory Committee at Manningham Day Procedure Centre, who will be asked to provide a recommendation regarding your application*).
- Copy of Post Graduate Qualifications.
- Copy of College Fellowship.
- Copy of certificate showing participation in Continued Medical Education.
- Copy of current Medical Defence Organisation Membership.
- Copy of current certificate of Medical Registration.
- Copy of current Working with Children check.
- Signed copy of the MDPC Code of Conduct
- Signed copy of the MDPC Emergency & Paediatric equipment list



## 100 Points – Verification Details

Type of Check	Available Points	Notes
Passport (current or expired by less than two years, not cancelled) Citizenship certificate (Australian only) Birth certificate (original or extract) Birth card issued by the Victorian Registry of Births, Deaths and Marriages	70	Must contain name and a photo.  <b>Select one only.</b>
<b>Written reference</b> Written reference from an acceptable referee from a financial institution	40	<b>Select one only.</b>  Referee to have known the signatory for at least 12 months.  Both signatory and referee must sign the reference
<b>Driver's licence.</b> Renewed, interim, provisional, truck or learner's Other acceptable government- issued licences include boat, gun or pilot Public Service Employee Identification Card Pension or government Health Care Card (reference number required) Identification card issued by a tertiary education institute	40 40 40 40 40	Must contain name, expiry date, a photo or signature.
Letter from a current employer (current or must have been employed by the employer within the past two years)	35	Must be on letterhead or company seal.  Both employer and employee's signature must be on the letter, along with the name and address of the employee.
Medicare card Overseas or international driver's licence or Proof of Age card	25 25	
Financial institution's credit card, cash card or passbook	25	Only one current card/passbook can be accepted from each financial institution. You may supply details from several different institutions but cannot solely rely on this form of identification
<b>Rating authorities</b> Rate notice (current). Provide the deposited plan (DP) number	35	
Public utility (water rate notice, electricity, gas or telephone account – no mobile accounts). Take a <i>current</i> notice with you.	25	
Statement from landlord, managing agent or owner of customer premises	25	Take letter, rental contract or rent receipt with you.

The MDPC Code of Conduct provides guidelines regarding the appropriate way to interact with patients, visitors and other staff. Adhering to the guidelines will assist in the delivery of high quality patient focussed care and create a working environment where both the rights and responsibilities of patients, visitors and staff are acknowledged.

### **Professional Behaviour**

*Use our knowledge and skills to perform our duties to the best of our ability*

- Be willing to demonstrate openness in our interaction with others
- Treat people fairly without prejudice and acknowledge their achievements
- Treat people with courtesy and sensitivity respecting their right to confidentiality
- Use every opportunity to enhance our knowledge and skills and be generous in sharing our knowledge and skills with others
- Acknowledge our limitations and be willing to seek advice from others
- Be open to receive constructive feedback from others

### **Collaborative Working Environment**

*Foster collaboration by working together*

- Promote an atmosphere of trust, respect and open communication
- Recognise, acknowledge and respect individual difference including gender, personal attributes, spiritual values, sexual preferences, political beliefs, age, disability and culture
- Work towards a safe, healthy and creative environment
- Aspire to gain enjoyment and satisfaction from working together

### **Communication**

*Communicate with respect and tolerance*

- Foster sincere and open discussion of ideas and opinions
- Discuss differences in a clear and calm manner without using language or behaviours that are abusive, intimidating, sarcastic or patronising

### **Resolving conflict**

*Work constructively to resolve conflict calmly in a timely manner*

- Listen to the views of the person in conflict and endeavour to work with them to resolve differences
- Seek appropriate mediation if the conflict is not being resolved in accordance with the MDPC grievance procedure.

I have read, understood and agree to abide by the MDPC Code of Conduct and Workplace Diversity Guidelines.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RESUSCITATION TROLLEY	
<b>TOP OF TROLLEY</b>	
Adrenaline 1:10,000/10ml	
Atropine 1mg/10ml	
Sodium Bicarbonate 50mmol / 50ml	
Glucose 50%	
Water for injection 10ml	
Normal Saline 10ml	
<b>DRAWER 1 : MEDICATIONS</b>	
Adenosine 6mg / 2ml	
Adrenaline 1;1000 (1mg/ml)	
Amiodarone 150mg / 5ml	
Atropine 1200mg / ml	
Isoprenaline 1: 5000 (in fridge)	
Magnesium Sulphate 10mmol / 5ml	
Metaraminol 10mg / ml	
Metoprolol 5mg / 5ml	
Naloxene	
Sodium Bicarbonate 8.4gm /100 mls	
Verapamil 5mg / 2ml	
Laryngoscope handles	
Laryngoscope blade Size 3	
Laryngoscope blade Size 4	
LMA (disposable) size 3	
LMA (disposable) size 4	
CO2 Detector (gas sampling line)	
Co-phenylcaine spray	
Lubricating Jelly sachets	
ETT introducer	
Magill's forceps	
Wooden spatulas	
20ml syringe	
Portable Blood Pressue	
Liquorice stick R)Angle	
Cotton tape	
Guedel's airways: size 2, 3, 4 & 5	
Spare batteries: size C	
Pen torch	
Yankauer sucker	
Suction catheters: size 12	
Anaesthetic face mask	
Anaesthetic filter	
ET Tubes: size 5 - 9	
<b>SIDE DRAWERS:</b>	
Gelofusine 500ml	
Intralipid 20% 500mls	
Potassium 30mmol in 1000 mls N/Saline	
N/Saline 1000ml	
N/Saline 100ml	
Glucose 5% 1000ml	

<b>BOTTOM OF TROLLEY MALIGNANT HYPERTHERMIA BOX</b>
MH Treatment Protocol Cards
Dantrolen Sodium(box of 6 x 20mg)
Water for injection 10 mls
Minimum volume IV extension tubing
50ml (terumo) syringes
Osmitrol 500mls with IV giving set
IV Additive labels
Disposable temperature probe
Datascope temperature probe cable
Foley catheter FG 12, 14, 16
Urine meter bag
Nasogastric tube Ryle FG10
Nasogastric tube Ryle FG16
Anaesthetic circuit
Blood tubes
ABG syringes
Fridge: Actrapid 100 IV/ml
<b>TOP OF RESUS TROLLEY</b>
HP Codemaster XL+ defibrillator (plugged in)
Manual Defibrillation Paddles (check weekly)
Resus Record on clip board
Defib Gel Pads x 4 packets min
Adult Defib Electrodes x 2
ECG Monitoring Electrodes
Air Viva O2 tubing & mask Adult & Paed
IV Pole with scissors and tourniquet
ECG Paper Roll
<b>SIDE OF RESUS TROLLEY:</b>
Full O2 cylinder , O2 mask and tubing attached
Portable electric suction, tubing and yankeur sucker

PAEDIATRIC BOX
Breathing system
Paediatric circuit
Air Viva
BP Cuff <ul style="list-style-type: none"> <li>• Infant</li> <li>• Child</li> </ul> Oximeter cables ECG electrodes
Oral Rae <ul style="list-style-type: none"> <li>• 3.5</li> <li>• 4.5</li> <li>• 5.0</li> <li>• 5.5</li> <li>• 6.0</li> <li>• 6.5</li> </ul>
LMA Classic <ul style="list-style-type: none"> <li>• Size 2</li> <li>• Size 2.5</li> </ul> LMA Flexi <ul style="list-style-type: none"> <li>• Size 2</li> <li>• Size 2.5</li> </ul>
Feeding Tubes Y Suction Catheter <ul style="list-style-type: none"> <li>• FG 6</li> <li>• FG 8</li> </ul>
Crepe bandage <ul style="list-style-type: none"> <li>• 2.5 cm</li> <li>• 5.0 cm</li> </ul> Transpore tape Micropore tape Splint
Laryngoscope handles Laryngoscope blades <ul style="list-style-type: none"> <li>• Miller size 1.2</li> <li>• Mac size 1.2</li> <li>• Spare batteries size AA</li> </ul>
Guedel airway <ul style="list-style-type: none"> <li>• 70 mm</li> <li>• 60 mm</li> </ul>
Hudson mask Anaesthetic mask <ul style="list-style-type: none"> <li>• Size 3</li> <li>• Size 3.5</li> </ul> Rendal baker
Paediatric oxygen mask Paediatric burette
Drug doses booklet

CONTENTS OF TROLLEY	Expiry Date	Date checked	Date checked	Date checked	Date checked
<b>Top of Trolley/On Wall</b>					
D.A.S Flowchart - Can't intubate/Can't ventilate					
<b>1<sup>st</sup> Drawer</b>					
Quicktrack – Adult					
Quicktrack - Child					
Cook Medical O2 Flow Modulator set					
Frova airway intubating catheter x 1					
Size 23 Scalpel x 2					
Size 15 Scalpel x 2					
Scalpel Handle x 1					
14 GA IV Catheters					
Curved Artery forceps x 1					
Sterile gauzes x 1 pkt					
Sterile sponge x 1 pkt					
Y suction catheters 12FG					
Y suction catheters 14FG					
Lubricants x 4					
Tapes – Transpore x 1					
Tapes – Micropore x 1					
Tapes – Trachie tape x 1					
Size C batteries x 2					
Laryngo scope Handles x2					
Laryngo scope Blades – McCoy Size 3,4					
Laryngo scope Blades – Mac Size 3,4					
Laryngo scope Blades – Kessel Size 3,4					
Laryngo scope Blades – Miller Size 3,4					
<b>2<sup>nd</sup> Drawer</b>					
Magills forceps					
Syringes 10ml x 1					
Syringes 20ml x 1					
Straight flexi tube x 1					
Angled connectors x 1					
Lubricants x 4					
Classic LMA – Size 3 x 1					
Classic LMA – Size 4 x 1					
Classic LMA – Size 5 x 1					
ETTS – size 6					
ETTS – size 7					
ETTS – size 8					
AIRTRAQ - small					
AIRTRAQ - medium					
AIRTRAQ - large					
<b>Bottom of Trolley</b>					
Sterile Tracheostomy Tray Replace if packaging damaged					

Acknowledged by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## A. Introduction

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1. Manningham Day Procedure Centre (MDPC)
2. Purpose of this document
3. Annexures are incorporated in these by-laws
4. Committee composition and meeting procedure
5. Insurance cover for MAC considering credentialling

## B. Accreditation of Practitioners

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6. Only accredited practitioners may admit patients
7. Obtaining full accreditation
8. Admission rights
9. Term of appointment
10. Accreditation process is confidential
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17. Governing Body/Board of Directors makes the decision

## C. Conditions of Accreditation

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18. Practitioners are required to comply with conditions of accreditation
19. Work within credentials
20. Comply with laws, policies etc.
21. Maintain patient records etc.
22. Complete discharge documentation
23. Attend patients when reasonably requested
24. Comply with accepted professional standards
25. Maintain MDO membership or insurance
26. Participate in quality activities
27. Obtain ethical and clinical approval
28. Use Manningham Day Procedure Centre name only with approval
29. Advise the facility about changed circumstances
30. Co-operation requested if accreditation ceases prematurely

## D. Variation, Suspension or Termination of Accreditation

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31. Practitioner may request amendment of accreditation
32. Director of Nursing of facility may initiate review of accreditation
33. Internal review of current fitness
34. External review of current fitness
35. Medical Director of facility may suspend accreditation
36. Practitioner may request suspension of accreditation
37. Medical Director of facility may terminate accreditation

## E. Annexures

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## A. Introduction

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### 1. Manningham Day Procedure Centre

Manningham Day Procedure Centre (MDPC) owes a non-delegable duty of care to patients in its facility which it discharges in part by ensuring that medical practitioners who work in it's facility are appropriately credentialled

### 2. Purpose of this document

This document sets out the terms and conditions on which practitioners are invited to apply to be accredited to admit patients and to care for and treat patients at Manningham Day Procedure Centre.

It also sets out the terms and conditions on which accreditation is offered by MDPC to applicants. Every applicant for accreditation is required to be given a copy of this document and the annexures **before** making an application

### 3. Annexures are incorporated in these by-laws

The Annexures to these by-laws are integrated with the by-laws and are intended to ensure consistent application of the processes for accreditation.

### 4. Committee composition and meeting procedure

The composition and meeting procedure for all committees is set out in the Quality Management System (QMS) manual.

Applications for accreditation are to be dealt with through the credentialling process of the Medical Advisory Committee (MAC).

Note that when the committee is considering a matter pertaining to accreditation, it is required to do so in a closed session with only members present.

### 5. Insurance cover for committees considering credentialling

MDPC confirms that the indemnity provided under its medical malpractice and professional indemnity cover specifically extends to the committee.

## B. Accreditation of Practitioners

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### 6. Only accredited practitioners may admit patients

Only practitioners who are accredited at Manningham Day Procedure Centre may admit patients or care for and treat patients at that facility.

### 7. Obtaining full accreditation

A practitioner may apply for full accreditation by submitting a completed application for (which is provided with these by-laws) to the Director of Nursing or Medical Director of the facility at which privileges are sort. The Director of Nursing or Medical Director of the facility is required to submit the application to the MAC.

### 8. Admission rights

Application may apply for accreditation to a facility in any of the various accreditation categories listed on the application form. However, not all categories carry admission rights. eg: Non-specialist Anaesthetists, Surgical Assistants, Consultant Practitioners and Consultant Emeritus Practitioners do





not have the right to admit patients but may care for or treat patients admitted by other accredited practitioners with admitting rights.

### 9. Term of appointment

Applicants may be accredited for a period of up to 5 years.

### 10. Accreditation process is confidential

The process of accreditation and the process for any change to accreditation, including revocation or termination of accreditation is confidential and should not be disclosed to any person not involved in the process under these by-laws.

### 11. Role of the committee considering credentialling

The members of the MAC considering an application for accreditation are required to consider the application and make a recommendation to the Medical Director whether or not to accredit the applicant.

In deciding whether or not to recommend an appointment the MAC is required to take into consideration the following:

- Curriculum Vitae
- Credentials and professional references
- Proof of identity, qualifications, medical registration (nil presence of conditions), indemnity insurance and other relevant information
- CPD certification
- Confirmation of application for scope of clinical practice
- A minimum of two written references and accompanying referee reports
- Additional processes to verify validity of the application. This may include, but is not limited to;
  - contacting previous hospitals to confirm good standing (regardless of whether they are listed as referees)
  - performing targeted online searches of the clinicians name using a search engine should be conducted
  - checking the veracity of a clinician's publication list using an online publication search facility.
- Training and recent experience
- Competence and clinical judgement
- Professional capability and knowledge
- Current fitness to practice and good character
- Confidence in the applicant's capability and knowledge

### 12. Role of the Governing Body / Board of Directors

Manningham Day Procedure Centre has determined that the final decision whether or not to accredit a practitioner to this facility is made by the Governing Body/Board of Directors. The Governing Body/Board of Directors comprises of :

- Chairperson appointed by Nexus Day Hospitals
- Medical Director MDPC
- Directors of MDPC
- CEO Nexus
- CEO MDPC



The Governing Body/Board of Directors is required to take into account:

- The recommendation of the members of the MAC
- The business strategy of Manningham Day Procedure Centre including the infrastructure and availability of trained support staff.

The Governing Body/Board of Directors may attach special conditions to the appointment which are in addition to the common conditions set out in Part C of these by-laws.

### **13. Obtaining temporary accreditation**

Applications for temporary accreditation are made by completing the application form and submitting it to the Medical Director or Director of Nursing of Manningham Day Procedure Centre.

The DON on behalf of and/or in conjunction with the Medical Director of Manningham Day Procedure Centre may grant temporary accreditation for a period of up to 6 months prior to the MAC considering the application and recommending the appointment to the relevant specialty.

The criteria which the Medical Director considering credentialling are required to consider are the same as when an application for full accreditation is being considered .

### **14. Re-appointment of accredited doctors**

The process set out in clauses 6 to 13 of these by –laws is required to be followed for applications for re-appointment as an accredited practitioner.

Reappointments of practitioners aged 65 years or over (at the time of application for reaccreditation) are to be automatically reviewed on an annual basis.

However, the process may be abbreviated if the section on page 1 of the application form is completed and the applicant verifies that no information required in the application has changed since the practitioner was last accredited to Manningham Day Procedure Centre.

Practitioners whose application is rejected or varied may request a review by the Governing Body/Board of Directors.

### **15. Review of re-accreditation decisions**

If an accredited practitioner disputes a decision not to reappoint the practitioner or to impose conditions or vary an appointment on re-accreditation, then the practitioners may seek a review of the decision.

A request for review is required to be in writing and addressed to the Medical Director of Manningham Day Procedure Centre.

### **16. Composition and proceedings of a review committee**

A review committee is convened by the Medical Director of the facility and comprises:

- A nominee of the Governing Body/Board of Directors
- A nominee of the chair of the MAC who will chair the review committee and determine any question of procedure for the committee.
- A nominee of the learned college of which the practitioners is a member



The review committee is required to generally follow the procedures laid down by Manningham Day Procedure Centre. However, meetings may be conducted electronically and the applicants are required to be given:

- Appropriate notice of the convening committee
- The opportunity to make written or oral submissions to the committee

Neither the facility nor the practitioner may be legally represented at any review committee meeting.

### **17. Governing Body/Board of Directors**

The review committee will make a written recommendation to the Governing Body/Board of Directors on the issues being reviewed. Manningham Day Procedure Centre has determined that the Governing Body/Board of Directors makes the final decision, guided by the report.

## **C. Conditions of Accreditation**

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### **18. Practitioners are required to comply with conditions of accreditation**

An accredited practitioner is required to continually maintain registration with the relevant professional registration body and always comply with:

- Any special conditions set by the Governing Body/Board of Directors (or by the Medical Director of facility), if the accreditation is temporary.
- The common conditions of appointment set out in the following clauses 20-30

### **19. Work with credentials**

An accredited practitioner is required to always treat patients within the limits of that practitioner's accreditation.

### **20. Comply with laws, policies etc**

An accredited practitioner is required to always comply with:

- The relevant State laws regulating private hospitals, including procedures for medication management and safety, which are consistent with National and jurisdictional legislative requirements, policy and guidelines.
- The Quality Management System, including the policies and procedures of Manningham Day Procedure Centre, which are available electronically or as hard copy manuals upon request, support compliance with the NSQHS standards. Specifically, functions that relate to medication management and safety at MDPC, as guided by Standard 4 Medication Safety (NSQHS Standards), are governed by the Drugs and Therapeutic Committee and MAC by laws and supported by the MDPC medication policies. These are all available upon request.
- The local practices and policies of the facility (available upon request) as amended from time to time.



- MDPC does not accept referrals for admission for patients under the age of three years.
- Should a patient prior to or on admission, be deemed to have an ASA score of 4, the CSM, DON or delegate will contact the admitting Surgeon and/or Anaesthetist to discuss the appropriateness and risk management issues involved in this patients admission. The MDPC Board of Directors supports the right of the Medical Director, DON, or delegate, to refuse the admission of any patient deemed to be beyond the level of acceptable risk.
- Should a patient prior to or on admission be deemed to weigh greater than 120kgs, the CSM, DON or delegate will contact the admitting Surgeon and/or Anaesthetist to discuss the appropriateness and risk management issues involved in this patients admission. The MDPC Board of Directors supports the right of the Medical Director, DON, or delegate, to refuse the admission of any patient deemed to be beyond the level of acceptable risk.
- For surgery involving the use of regional, general anaesthesia and/or sedation to commence, it is a requirement that at least one accredited anaesthetist is present in the facility and prepared to be responsible for the care of the patient.
- You are obliged to contact the facility (GM/DON) in the event of a post-operative infection requiring treatment, related to your patient's admission at MDPC.

### 21. Maintain patient records etc

Reasonable endeavours are required to be made by an accredited practitioners to ensure that facility patient records.

- Are adequately maintained for patients treated by the practitioners
- Satisfy the standard required by ISO accreditation practices & government legislation.
- Include all information and instructions reasonably necessary to allow the facility to care for patients.

### 22. Complete discharge documentation

Discharge instructions and operation records are required to be completed by an accredited practitioner in a timely manner and all information reasonably necessary to safely discharge a patient as well as all data reasonably necessary for the facility to collect revenue must be provided and included in discharge documentation.

Clinical Handover/Discharge summaries (to the patient's referrer) are the responsibility of the surgeon or proceduralist.

### 23. Attend patients when reasonably requested

An accredited practitioner is required to ensure that all reasonable requests by facility staff are responded to in a timely manner and in particular, patients are promptly attended when reasonably requested by facility staff for good clinical reason.

### 24. Comply with accepted professional standards

An accredited practitioner is required to provide professional services with due skill, care and diligence and is also required to adhere to the generally accepted ethics and standards of personal conduct expected of health care professionals.



## 25. Maintain MDO membership or insurance

An accredited practitioner is required to:

- Either continually maintain membership of medical defence organisation in a category applicable to the services for which the practitioner is accredited or otherwise be fully insured for the practitioners own malpractice, professional errors, omissions or negligence.
- Provide Manningham Day Procedure Centre with evidence of membership or insurance on a yearly basis without being prompted or requested by the facility.

## 26. Participate in quality activities

Participation in clinical quality assurance programs approved by MAC and in the organised educational activities of the facility, particularly those involving junior medical staff and nursing staff, are required of an accredited practitioner.

## 27. Obtain ethical and clinical approval

A new interventional technology or procedure may be described as a technology and/or procedure not routinely performed at MDPC by the applicant at MDPC.

A technology and/or procedure maybe deemed to be new (or significantly altered to the norm) at the discretion of the Medical Director or CEO.

Once deemed new, and prior to treating patients with the following:

- a new technology
- new instruments
- new procedures
- amending technology or instruments used to treat patients

the accredited medical practitioner is required to obtain the written approval of the MAC and Board (via the CEO).

In the event that the accredited medical practitioner requires approval from the MAC and MDPC Board prior to the next MAC meeting date, the MDPC CEO and/or DON, in conjunction with the MDPC Medical Director, are permitted to grant temporary approval.

Approval is granted via the completion of the application form "Introduction of a new interventional technology or procedure". (Annexure J of the Hospital and MAC Credentialling Bylaws). This can be requested from the CEO and/or DON.

Any specific training and/or evidence of completion of training associated with this new technology or procedure, is to be completed prior to its introduction, as per the manufacturer's guidelines or as deemed appropriate by the MDPC MAC and/or the Medical Director.

The application is then to be formally assessed at the next MDPC MAC and MDPC Board meeting.

If a Surgeon wishes to perform bilateral cataract surgery the request is to be presented to the DON prior to any booking being made. The request is referred to the Medical Director for discussion on a case by case basis.



A practitioner is also expected to ensure that the approval of an ethics committee constituted in accordance with the NHMRC guidelines is obtained before any medical research or clinical trial in which the practitioner is named as an investigator is undertaken in a facility to which the practitioner is accredited.

### **28. Use of Manningham Day Procedure Centre**

Unless a practitioner has prior written approval of the Medical Director of this facility, a practitioner may not use Manningham Day Procedure Centre letterhead in any way hold out that the practitioner represents Manningham Day Procedure Centre or its subsidiary associated companies, businesses or partnerships.

### **29. Advise the facility about changed circumstances**

An accredited practitioner is required to promptly advise the Director of Nursing if any of the following occur:

- A statutory professional registration board makes and adverse finding against the practitioner.
- A statutory professional registration board revokes or suspends the practitioner's or places any limitation on the practitioner's registration or right to practice.
- Membership of a medical defence organisation is not renewed or made conditional in anyway or full insurance cover is not in place for any reason
- The Practitioner's appointment as a visiting medical officer is changed in any way.
- The Practitioner is charged with or convicted of a serious criminal offence.

### **30. Co-operation requested if accreditation ceases prematurely**

If a practitioner's accreditation is suspended or ceases for any reason before the expiry of the stated term the practitioner is required to co-operate with the facility to ensure all data reasonably necessary to allow the facility to collect revenue is provided. In particular all discharge summaries must be completed.

This condition survives the cessation or suspension of accreditation is a continuing obligation of the practitioner.

## **D. Variation, Suspension or Termination of Accreditation**

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### **31. Practitioner may request amendment of accreditation**

Accredited practitioners may apply for amendment or variation of the category or any condition of their accreditation (except the common conditions set out in clauses 20-30)

The process is the same as for an initial application for accreditation except that the Medical Director may waive the completion of the application form if the practitioner states in writing there is no change to these details since he/she was last accredited to the facility.

This process includes the provision for extension of clinical privileges, supported by appropriate evidence of training, e.g. the introduction of new technologies and procedures.



### 32. Director of Nursing of facility may initiate review of accreditation

The Director of Nursing of facility may at anytime initiate a review of a practitioner's current fitness to retain accreditation.

Current fitness is defined as absence of any physical or mental impairment, disability, condition or disorder which affects or might affect the practitioner's capacity to treat patients and properly discharge the duty of care owed to patients.

The process to be followed for a review may be either of:

- an internal review
- an independent review

### 33. Internal review of current fitness

An internal review is undertaken by the Medical Director of facility and the MAC who are required to make a recommendation to the Governing Body/Board of Directors whether or not to continue, amend, suspend or terminate a practitioner accreditation based on the assessment of the practitioner's current fitness practice.

If the practitioner concerned disputes the decision of the Governing Body/Board of Directors, the practitioner may request an independent review under the following clause 35.

### 34. External review of current fitness

An external review is undertaken by person independent of the facility and of the accredited practitioner in question. The independent reviewer is required to provide report to the Governing Body/Board of Directors. The report will be required to contain:

- An assessment of the practitioner's current fitness to practice
- The confidence able to be placed in the practitioner's ability to discharge the duty of care owed to patients: and
- A recommendation to continue, amend, suspend or revoke accreditation.

The Governing Body/Board of Directors makes the final decision based on the recommendation made in the report.

### 35. Medical Director of the facility may suspend accreditation

The Medical Director of the facility may at any time suspend the accreditation of a practitioner if he/she reasonably believes that

- Patient care or safety is being compromised by practitioner:
- The efficient operation of the facility is being unduly hindered by the practitioner:
- Any of the common conditions of accreditation set out in Part C of these by-laws have been breached: and
- Any of the special conditions applicable to the practitioner have been breached.

The Medical Director of facility will advise the practitioner why accreditation is being suspended and what is required to be done within a specified number of days for the suspension to be lifted.

A practitioner's accreditation may only be suspended if the Medical Director of facility reasonably believes the matter can be rectified by the practitioner.



### **36. Practitioner may request suspension of accreditation**

A practitioner may request the Medical Director of facility to suspend Accreditation for a stated period for good cause such as study leave so as to preserve the practitioner's right to automatically resume exercising privileges at the end of the period without having to re-apply for accreditation or without threat of termination for non-use of privileges.

### **37. Medical Director of facility may terminate accreditation**

The Medical Director of facility may terminate a practitioner's accreditation immediately in the following circumstances.

- The practitioner fails to rectify a matter notified under clause 35 with in the time prescribed by the Medical Director of Manningham Day Procedure Centre
  - The practitioner ceases to be registered with the relevant professional registration body
  - The practitioners has for a period of 6 continuous months, been permanently incapable of discharging the duty of care owed to patients
  
- The practitioner has not exercised admission rights for a continuous period of 11 months
- The clinical services able to be supported by the facility change for any reason
- The practitioner is found guilty of professional misconduct or unprofessional conduct (however) described by a statutory professional registration board.
  - The practitioner is convicted of a sexual or violent offence or any other serious criminal offence which affects the practitioner's ability to discharge the duty of care owed to patients.

### **38. Amendment to By-laws**

In consultation with the MDPC MAC, the Board of Directors of Manningham Day Procedure Centre may vary these by-laws from time to time.





## E. ANNEXURES

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To be provided to applicants together with this document:

- **Annexure A**
  - Model criteria for each accreditation category
- **Annexure B**
  - Model criteria for the delineation of clinical privileges

For facility use only and not included in this document:

- **Annexure C**
  - Letter to referee
- **Annexure D**
  - Letter of initial appointment
- **Annexure E**
  - Letter of temporary appointment
- **Annexure F**
  - Letter of permanent appointment
- **Annexure G**
  - Letter of re-appointment
- **Annexure H**
  - Letter of rejection of application for initial appointment
- **Annexure I**
  - Letter of rejection of application for re-appointment
- **Annexure J**
  - Application form for the introduction of a new interventional procedure
- **Application for accreditation**
  - Included within this document

## ANNEXURE A

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### Model Criteria for each Accreditation Category Subject to by laws

Type of Appointment	DETAILS
<b>Specialist Practitioner</b>	<ul style="list-style-type: none"> <li>• Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 as a specialist.</li> <li>• May admit and treat patients within the terms of their Clinical Privileges</li> <li>• Responsible for the clinical care of their inpatients</li> <li>• Participates in continuing education activities of the hospital</li> <li>• Entitled to stand for MAC Membership and vote for MAC members under the Manningham Day Procedure Centre Hospital Committee policies.</li> </ul>
<b>Consultant Specialist</b>	<ul style="list-style-type: none"> <li>• Specialist with an Australian Fellowship or equivalent; recognised under the Health Insurance Act 1973 as a specialist.</li> </ul>



## ANNEXURE B

### Model Criteria for the delineation of Clinical Privileges

<b>ANAESTHESIA</b>	
General	<ul style="list-style-type: none"> <li>FANZCA or Equivalent</li> </ul>
Paediatric	<ul style="list-style-type: none"> <li>FANZCA or Equivalent</li> </ul>
<b>COLORECTAL SURGERY</b>	<ul style="list-style-type: none"> <li>FRACS or Equivalent</li> </ul>
Colorectal Surgery	<ul style="list-style-type: none"> <li>FRACS or Equivalent</li> <li>Recognition by the Conjoint Committee for Recognition of Endoscopy Training (College of Surgeons, College of Physicians and Gastroenterological Society of Aust) or equivalent.</li> <li>Completion of speciality training program in Colorectal Surgery</li> </ul>
Laparoscopic Surgery	<ul style="list-style-type: none"> <li>Provide evidence of advanced surgery in Laparoscopic Surgery</li> </ul>
<b>DENTAL SURGERY</b>	
General	<ul style="list-style-type: none"> <li>BDS or equivalent</li> </ul>
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> <li>FRACDS (OMS) or Equivalent</li> </ul>
<b>ENT SURGERY</b>	
Adult	<ul style="list-style-type: none"> <li>FRACS (OTOLARYNGOLOGY) HEAD AND NECK SURGERY</li> </ul>
Paediatric	<ul style="list-style-type: none"> <li>FRACS (OTOLARYNGOLOGY) HEAD AND NECK SURGERY</li> </ul>
<b>GASTROENTEROLOGY</b>	
Gastroenterology	<ul style="list-style-type: none"> <li>FRACP or Equivalent</li> </ul>
Endoscopy	<ul style="list-style-type: none"> <li>Recognition by the Conjoint Committee for Recognition of Endoscopy Training (College of Surgeons, College of Physicians and Gastroenterological Society of Aust) or equivalent</li> </ul>
<b>GENERAL SURGERY</b>	
General Surgery	<ul style="list-style-type: none"> <li>FRACS or Equivalent</li> </ul>
Endoscopy	<ul style="list-style-type: none"> <li>Recognition by the Conjoint Committee for Recognition of Endoscopy Training (College of Surgeons, College of Physicians and Gastroenterological Society of Aust) or equivalent</li> </ul>
Laparoscopic Surgery	<ul style="list-style-type: none"> <li>Provide evidence of advanced surgery in Laparoscopic Surgery</li> </ul>
Paediatric	<ul style="list-style-type: none"> <li>FRACS (Paediatric Surgery) or Equivalent</li> </ul>
<b>HEAD AND NECK</b>	<ul style="list-style-type: none"> <li>FRACS (OTOLARYNGOLOGY)</li> <li>Member of Australian and new Zealand Head and Neck Society</li> </ul>
<b>OPHTHALMOLOGY</b>	
Adult	<ul style="list-style-type: none"> <li>FRACS, FRANZCO, or Equivalent</li> </ul>
Paediatric	<ul style="list-style-type: none"> <li>FRACS, FRANZCO or Equivalent and Fellowship, or equivalent training in Paed Ophthalmology</li> </ul>
<b>ORAL AND MAXILLARY SURGERY</b>	
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> <li>FRACDS (OMS) or Equivalent</li> </ul>
<b>ORTHOPAEDICS</b>	
Orthopaedic Surgery and Hand Surgery - Adult	<ul style="list-style-type: none"> <li>FRACS (Orthopaedic Surgery) or Equivalent</li> <li>Member of Australian Hand Surgery Group or equivalent</li> </ul>
Orthopaedic Surgery and Hand Surgery - Paediatric	<ul style="list-style-type: none"> <li>FRACS (Orthopaedic Surgery) or Equivalent</li> <li>Member of Australian Hand Surgery Group</li> <li>Completion of a recognised formal speciality</li> </ul>



	training program in paediatric orthopaedics
<b>PAEDIATRIC SURGERY</b>	
Paediatric Surgery	<ul style="list-style-type: none"> <li>FRACS (Paediatric Surgery) or Equivalent</li> </ul>
<b>PLASTIC &amp; RECONSTRUCTIVE SURGERY</b>	
Hand Surgery	<ul style="list-style-type: none"> <li>FRACS (Hand Surgery) or FRACS or Equivalent</li> <li>Member of Australian Hand Surgery Group or equivalent</li> </ul>
Facio Maxillary	<ul style="list-style-type: none"> <li>FRACDS (OMS) or FRACS (Plastic Surgery) or Equivalent</li> </ul>
Plastic & Reconstructive & Aesthetic Surgery. Head and Neck	<ul style="list-style-type: none"> <li>FRACS (Plastic Surgery) or Equivalent</li> <li>FRACS (Plastic Surgery) or Equivalent</li> <li>Member of Australian and New Zealand Head and Neck Society or equivalent</li> </ul>
<b>UROLOGY</b>	
Adult	<ul style="list-style-type: none"> <li>FRACS (Urology Surgery) or Equivalent</li> </ul>
Paediatric	<ul style="list-style-type: none"> <li>FRACS (Urology Surgery) or Equivalent plus demonstrate current experience in paediatric surgery</li> </ul>
<b>VASCULAR</b>	
Vascular Surgery	<ul style="list-style-type: none"> <li>FRACS (Vascular Surgery) or Equivalent</li> <li>Interventional rights requires two referees who can attest to this recent activity.</li> </ul>

#### References:

Department of Health Victoria *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services 2009*

ACSQHS Standard 1 *Governance for safety and quality in health service organisations*

<http://www.safetyandquality.gov.au/>

Medical Board of Australia *Medical List of Specialties, fields and related titles Registration Standard 2013*

<http://www.medicalboard.gov.au/Registration/Types/Specialist-Registration/Medical-Specialties-and-Specialty-Fields.aspx>



To: .....

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

*(Insert name of the referee)*

Re: .....

*(Insert name of the applicant)*

The abovenamed practitioner has applied for Clinical Privileges in .....

..... at our Hospital.

*(Insert specialty details)*

Your name has been supplied to us by the applicant for provision of a professional reference. We would be grateful if you could indicate your endorsement of the applicant under the following criteria:

- (a) training
- (b) recent experience
- (c) competence
- (d) judgment
- (e) current fitness
- (f) character and
- (g) demonstrated knowledge and skill

**To indicate your support of the applicant, please complete and sign this letter where indicated below and return via fax to (03) 88 500 591 or via email to enquiries@mdpc.com.au as soon as possible.**

The documentation will then be presented at our forthcoming Medical Advisory Committee meeting.

Yours sincerely

**Ms. Leanne Kemp**

Chief Executive Officer

*(for A/Prof G Snibson Chairperson - Medical Advisory Committee)*

**I am pleased to support the above application for the Clinical Privileges indicated.**

Signed: .....

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

*(Referee Name)*

**Should you wish to comment further on the application, please do so in the space provided below, or append as necessary.**

.....  
.....  
.....

**Verification of written reference completed by:** *(MDPC CEO/DON or delegate to complete)*

Name: ..... Date: ...../...../..... Signature: .....